

SEXUAL ASSAULT ON THE ROCK: LGBTQ+ EXPERIENCES IN NEWFOUNDLAND AND LABRADOR

by © Christopher Cumby

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Abstract

Many studies in North America have concluded that LGBTQ+ people are at a higher risk for experiencing sexual assault than their cisgender/heterosexual counterparts; however, no studies to date have explored the experiences of sexual violence among LGBTQ+ people within Newfoundland and Labrador. To this end, the objective of this study is to understand the sexual experiences of gender and sexual minority groups that have been uncomfortable, awkward, or unwanted within the larger Newfoundland and Labrador LGBTQ+ community. The study was administered through an anonymous, online survey instrument, replicated from Menning and Holtzman's (2014) study of on-campus LGBTQ+ sexual violence, and adapted for geographical differences. The data were analyzed using a traditional content analysis of open-ended responses, while descriptive statistics are used to summarize the closed-ended responses. Results from the study indicate that sexual violence is a prominent issue within the community, demonstrating that LGBTQ+ people experience sexual violence similarly to the general population with some differences. This study is therefore an initial exploration to which further research must be conducted in order to advance understanding of this phenomenon.

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Chapter 1: Introduction

Sexual violence is a prominent public health issue within North America. Within public health discourse, however, gender and sexual minority peoples have been largely rendered invisible. Lesbian, gay, bisexual, trans, queer, and other marginalized genders and sexualities (LGBTQ+) are often left out of important conversations surrounding sexual violence, and this has important implications on existing and future legal, health, and community services. Further, within Newfoundland and Labrador, there are currently no data which discuss the prevalence of sexual violence for the general population, let alone for the LGBTQ+ community. While there are some general data about sexual violence among LGBTQ+ people in Western countries, this is often overshadowed by child sexual abuse literature, and relatively little is known about lifetime and adult experiences of sexual violence (Rothman, Exner, & Baughman, 2011). This is important to consider, as much of the literature that is available suggests LGBTQ+ people are more likely to experience sexual violence than cisgender (i.e. when one's gender identity matches their gender assigned at birth) and heterosexual people (Basile, Chen, Black, & Saltzman, 2007; Tjaden & Thoennes, 2006).

To this end, this study seeks to address the current gap in the literature surrounding the experiences of sexual violence among LGBTQ+ people. It seeks to explore this phenomenon in order to further understand the similarities and differences that exist between this community and the general population which has traditionally been studied. As an exploratory study, there are two questions which guide this research:

RQ1: Does sexual violence occur among LGBTQ+ people within Newfoundland and Labrador? And, if so;

RQ2: What do experiences of sexual violence look like among LGBTQ+ people within Newfoundland and Labrador?

In order to answer these questions, an anonymous, online survey was employed, replicated from Menning and Holtzman (2014) and adapted for geographical differences in demographics. Participants were recruited if they were at least 13 years old, identified as LGBTQ+ and lived within Newfoundland and Labrador during their most recent experience of sexual violence. A survey methodology was used in order to account for the large rural population within the province, which can more effectively capture this population than other methods, due to the wider reach that online surveys hold.

The following chapters will outline the current scope of the literature surrounding sexual violence within LGBTQ+ communities, followed by a discussion of the methods and procedures used to conduct the research. The results are then presented, including an analysis of frequencies of closed-ended questions, and a greater focus of analysis on open-ended questions from the survey, due to the large quantity of rich data gathered. A discussion of the results contextualizes the findings within current literature, and limitations of the research as well as implications for the community and practitioners are presented for consideration.

Chapter 2: Literature Review

Purpose

The scope of this literature review will focus on several prevalent themes that emerged from the literature. That is to say, this literature review includes a discussion of prevalence, adolescent, college, and adult population-specific research, police-reported crimes, substance use, and intimate partner violence (IPV). While a complete review of sexual violence literature is outside the scope of the current research, it is necessary to include these aforementioned topics as prominent themes which emerged to inform the results, as well as geographically relevant literature.

For the purpose of cultural similarities, literature was included here if it was specific to LGBTQ+ peoples in some way, came from a Western context, and addressed sexual violence, including assault, rape, abuse, or harassment. Literature was excluded from this review if it referred to childhood sexual abuse. Although the literature does suggest a connection between experiencing childhood sexual abuse and adult sexual violence for LGBTQ+ people (e.g. Krahé, Scheinberger-Olwig, & Schütze, 2001), the current study did not address this and so this section will not be discussed in much detail. Some general population sexual violence literature is included due to the limited availability of LGBTQ+-specific research in the area. Further, there has been no literature published within the last two decades that addressed issues of sexual violence within Newfoundland and Labrador.

It should be noted here that much of the literature focuses on the experiences of cisgender lesbian, gay, bisexual, and/or queer (LGB or LGBTQ) men and women. As a result, the following discussion will assume reference to cisgender experiences if it refers solely to LGBTQ people, unless otherwise stated. When referring to trans people, this may also include non-binary and

gender non-conforming people as well, although these groups may not explicitly be mentioned in research studies, and so it can be difficult to determine intra- and inter-group differences or similarities. Further, the intersections of both sexuality and gender may be ignored in research. Trans people may be assumed to be heterosexual, while LGBTQ people may be assumed to be cisgender. This presents complications within the data, as the two may present together, and therefore negatively implicate the generalizability of the findings.

Legal Definition of Sexual Violence. Before a complete understanding of sexual violence can occur, it must necessarily be defined. This study uses the current legal definitions of sexual assault within Canada, as defined by the *Criminal Code* (1985). To this end, there are three levels of sexual assault. Level One includes any offence which involves any assault of a sexual nature that violates the sexual integrity of the victim. This may include unwanted touching, kissing, threats, words or gestures accompanying the act, and so forth. Level Two of the *Code* involves sexual assault with a weapon (carrying or otherwise), threatening bodily harm to a third person, or causing bodily harm to the victim. Level Three, or aggravated sexual assault, involves the maiming, disfigurement, wounding, or endangerment of life of the victim.

While the *Code* refers to sexual assault, the language used here to depict experiences is referred to as ‘sexual violence.’ This is intentional, as this term is an umbrella term, although not the legal term, to include physical assault, rape, child abuse, attempted assault, harassment, and so on (Basile, Smith, Breiding, Black & Mahendra, 2014).

Prevalence

The rates at which sexual violence occurs within LGBTQ+ communities are inconsistent within the literature. A systematic review of LGB people in the United States by Rothman et al. (2011) revealed that lifetime prevalence rates ranged from 12% - 54% among gay and bisexual

men, with a median of 30%. For lesbian and bisexual women, lifetime prevalence ranged from 16% - 85%, with a median of 43%. While these rates are inconsistent, they do typically indicate that LGBQ people are at a higher risk for sexual violence than their heterosexual peers. These rates are compared against general prevalence rates of 2% - 3% for men and 11% - 17% for women (Basile et al., 2007; Tjaden & Thoennes, 2000, 2006). Bisexual people are typically reported to have a higher risk among LGBQ people for sexual violence, with both male and female partners. For example, Hequembourg, Livingston, and Parks (2013) found that lesbian and bisexual women were more likely to experience sexual violence than heterosexual women, with bisexual women the most likely to experience it in their lifetime (i.e. through childhood sexual abuse, adult sexual assault, and lifetime prevalence).

For trans people, the prevalence rates of lifetime sexual assault are much higher. In a review of violence literature, Stotzer (2009) found that 50% of trans people reported experiencing sexual violence at some point. In a separate study of suicidality, Clements-Nolle, Marx and Katz (2006) found that 59% of participants reported past experience of forced sexual violence/rape. Kenagy and Bostwick (2005) looked at a survey of health and social needs and found that 46% of trans participants reported experiencing forced sex. The amount of literature available for transgender-specific sexual violence is much more limited when compared to cisgender LGBQ people, with the majority of research focused on general surveys and not specific to sexual violence.

A more recent study by Langenderfer-Magruder, Whitfield, Walls, Kattari, and Ramos (2016) found that 21% of LGBTQ+ respondents reported experiencing sexual violence in their lifetime, specifically sexual assault. Cisgender LGBQ people reported experiencing sexual violence in similar patterns to cisgender, heterosexual people, but at higher prevalence rates.

That is to say, they found that women were the most at risk for experiencing sexual violence. This finding is contrasted with transgender respondents, who reported experiencing sexual violence in their lifetime at a rate more than twice their cisgender LGBTQ peers, or one in three transgender people.

Prevalence research within the area of sexual violence is limited. Rothman et al. (2011) point out that most studies use convenience or snowball sampling methods. They found that studies which use convenience methods reported higher prevalence rates than population-based methods, although this could be due to the hidden nature of the LGBTQ+ community. They also found that studies on childhood sexual abuse outnumbered lifetime sexual assault studies more than twofold. Within sexual violence literature, the areas of intimate partner violence (IPV) and childhood abuse are much more common than adult and lifetime sexual violence research.

There are large discrepancies in recruitment procedures, sampling strategies, and conceptual definitions of sexual violence and instrumentation use (Rothman et al., 2011). Research within the United States which is not specific to sexual violence (e.g. general health and wellness surveys), typically address only forcible sexual assault/rape, which may contribute to lower prevalence rates than studies which address broader experiences of sexual violence, including coercion, pressure, and unwanted touching.

Adult Prevalence. The majority of literature on LGBTQ+ adult sexual violence typically focuses on cisgender lesbian, gay, bisexual and/or queer men and women. Literature reviewed here may report on these issues using the terms ‘men who have sex with men’ (MSM) and ‘women who have sex with women’ (WSW) in order to capture behaviours of people, rather than focusing on sexual orientation or identity.

Regarding men, one study of 183 gay and bisexual men (aged 18-35) found that 67.2% of participants reported experiencing adult sexual violence (Hequembourg, Parks, Collins, & Hughes, 2015). Bisexual men in this study reported more female perpetrators, and higher internalized homophobia scores (i.e. a measure used to determine the amount with which LGBTQ people have internalized negative social perceptions and stigmas and accepted as true), as well as fewer male partners compared to gay men. Further, they found that more severe experiences of childhood sexual abuse and alcohol abuse were correlated with more severe experiences of adult sexual violence. Hequembourg, Bimbi, and Parsons (2011) found that gay and bisexual men with histories of childhood sexual abuse were more likely to report substance use, lifetime sexually transmitted infections, increased sexual compulsivity, and increased gay-related stigma. An earlier study found that experiencing childhood abuse increased the likelihood of experiencing adult sexual violence and being a perpetrator of sexual violence (Krahé et al., 2001).

Among women, Hequembourg, Livingston, and Parks (2013) found that 71.2% of participants reported experiencing adult sexual violence. Severity of participants' experiences were associated with childhood sexual abuse history, more lifetime partners, and higher alcohol severity scores. Bisexual women were found to have a higher risk of experiencing sexual violence, and more severe sexual violence, when compared to lesbian women. Higher risk was also associated with more male partners in their lifetime, and riskier drinking patterns. To this end, Sigurvinsdottir and Ullman (2016) found in their study that bisexual women perceived less social support than heterosexual women, received more negative reactions in response to disclosure of their experience, and recovered psychologically at a slower rate than heterosexual women.

For both men and women, one study found significantly higher rates of sexual violence among LGB adults compared to heterosexual siblings (Balsam, Rothblum, & Beauchaine, 2005). The researchers found that LGB participants reported more experiences of childhood physical and sexual abuse, intimate partner violence, and more adult sexual violence. Specifically, they found 1 in 10 gay and bisexual men reported experiencing sexual violence, compared to 2% of heterosexual men. They also found that more than twice as many lesbian and bisexual women reported experiencing sexual violence compared to heterosexual women.

More recently, Balsam, Lehavot, and Beadnell (2011) compared lesbian women and gay men with heterosexual women in sibling groups. They found that lesbian women reported as the highest prevalence of sexual violence; however, they note that this was found to be non-significant when they controlled for experience of childhood sexual abuse. That is to say, all three groups showed similar patterns of victimization, and experiences of childhood sexual abuse were a strong risk factor for later experiencing adult sexual violence. This suggests that lesbian women may be at a higher risk for adult sexual violence due to a higher risk of experiencing childhood sexual abuse. Gay men and heterosexual women were found to experience similar rates of sexual violence. Here, the researchers note that stereotypes of sexual violence survivors may obscure the experience of gay men; for example, that sexual violence does not occur in LGBTQ+ relationships and that queer women do not experience sexual violence. Finally, they found that those with experiences of both childhood sexual abuse and adult sexual violence were more likely to have higher rates of psychological distress, suicidality, alcohol use, and self-harm. Participants with one type of victimization (i.e. physical and/or sexual) were more likely to report recent use of drugs when compared to those with no victimization experience.

The finding regarding the connection of childhood sexual abuse with adult sexual violence conflicts somewhat with the findings of Han et al. (2013), who found that alcohol, rather than childhood sexual abuse, was a predictor of adult sexual violence for lesbian women, while childhood sexual abuse was a predictor for adult sexual violence for gay men. This could be due to the higher likelihood of male perpetrators with sexual violence, and less male partners in adulthood for lesbian women. More research in this area for LGBTQ+ is needed to make any definitive claims on prevalence.

College Prevalence. While college students necessarily constitute part of the adult sexual violence demographics, the population exists within a microcosm which has been popularly associated with sexual violence. In a review of the college sexual violence literature, it was found that there was a high prevalence of unwanted sexual contact and coercion, and less forcible rape, within a US context (Fedina, Holmes, and Backes, 2016). Exact prevalence rates vary due to differences in definition and methodology; however, the researchers found that marginalized students were at a higher risk than the general student population. This was echoed by Coulter et al. (2017), who found that cisgender women and transgender college students were the most likely to experience sexual violence, while gay men were more likely to experience sexual violence than cisgender, heterosexual men, but the same rate as cisgender, heterosexual women. Bisexual people were more likely to experience sexual violence than both cisgender, heterosexual men and women, which is consistent with the aforementioned literature. People of colour (POC), specifically black transgender college students were at the highest risk of sexual violence (57.7%). This study is one of the few that addresses the intersections of race and other variables with sexual violence.

Johnson, Matthews, and Napper (2016) addressed the role of Minority Stress Theory on the interactions of sexual violence and LGBTQ+ experiences. This is a conceptual framework from Meyer (1995, 2003), which posits that stress from experiences of perceived or actual discrimination, due to a marginalized orientation, accumulates and compounds over time and leads to negative mental and physical health consequences. The interaction of minority stress with sexual violence with LGBTQ+ people is somewhat established in the literature (e.g. Balsam, Rothblum, & Beauchaine, 2005; Finneran & Stephenson, 2014; Hequembourg, Bimbi, & Parsons, 2011; Hequembourg, Livingston, & Parks, 2013).

Johnson, Matthews, and Napper (2016) found that gay, bisexual, and questioning/unsure college students reported more experiences of sexual violence, with the exception of lesbian students, than heterosexual students. This finding conflicts with other literature, such as Murchison, Boyd, and Pachankis, (2016), who found that minority stress positively interacted with sexual violence among all LGBTQ+ students. Specifically, they found that sexual minority men reported sexual violence the least (10%), and sexual minority women (18%) and non-binary or transitioning students (19%) reported the most. Edwards et al (2015) also found that sexual minority men and women college students reported similar rates of unwanted pursuit, and higher rates of sexual assault compared to heterosexual students. However, these discrepancies could be due to limitations of grouping, and failing to separate bisexual and lesbian participants. Again, more research in this area is necessary in order to make any definitive claims regarding prevalence rates.

Similar to general surveys used to assess the impact of sexual violence on adults, general campus climate surveys are typically used to understand the rates of sexual violence of LGBTQ+ students. At worst, these types of surveys underrepresent sexual violence prevalence by as much

as 1.5 times compared to sexual violence-specific surveys (de Herr & Jones, 2017). Such surveys found that among LGBTQ people, general climate surveys reported an average prevalence rate of 6.8%-11.2%, while sexual violence-specific surveys reported an average prevalence of 16.1-22.4%. While it is clear that LGBTQ+ students are at a higher risk for experiencing sexual violence than the general population, the specific interactions of gender and sexuality and specific attributes related to these are unclear.

There are currently limited Canadian studies within this area, and so it is difficult to compare prevalence rates in a Newfoundland and Labrador context. McDougall, Langille, Steenbeek, Asbridge, and Andreou (2016) found that 6.8% of university students from the Atlantic provinces (i.e. Newfoundland and Labrador, New Brunswick, Nova Scotia, and Prince Edward Island) reported experiencing ‘completed rape.’ While this may shed some light on the subject, it fails to account for the broader definitions of sexual violence, even within a Canadian legal framework. Studies specifically looking at transgender experiences, race, disability, and other intersections of identity are also limited. Studies which address sexual violence at trade and vocational colleges are also lacking, with most research focused on university campuses instead.

Youth prevalence. While research surrounding LGBTQ+ adolescence and sexual violence is decidedly limited, the LGB population has been found to be at a higher risk when compared to cisgender, heterosexual youth (Williams, Connolly, Pepler, & Craig, 2003). Further, in a systematic review of the literature Saewyc et al. (2006) found that girls were more likely to report abuse than boys, however there was a distinct difference between sexual orientations groups among boys. They reported that among girls, 1 in 4 to nearly half of lesbian and bisexual girls reported experiencing sexual abuse. Heterosexual and mostly heterosexual girls reported sexual abuse prevalence ranging from slightly under 10% to just over 25%. For boys in most

surveys, they found that heterosexual and mostly heterosexual boys had a reported prevalence rate of sexual abuse well under 10%, but gay and bisexual boys were found to be nearly as likely as bisexual and lesbian girls to report sexual abuse, at 1 in 4 for bisexual boys and 1 in 5 for gay boys.

However, there are some difficulties in assessing what constitutes as ‘youth.’ More recently, the notion of youth has shifted to include “emerging adulthood” as a distinct categorical framework to encompass the developmental period of 18-25 (Tanner & Arnett, 2009). Indeed, one study by Abrams, Eilola, and Swift (2009) even found that the average age that youth ended was perceived to be 45 by some within the United Kingdom. To be clear, there is no consistent recommendation for identifying the cut-off point for ‘youth.’ Others, such as Statistics Canada, use classifications such as five-year groups (see “Classification of age categories by five-year age groups,” n.d.). Age classifications are therefore important to note as a difficulty in conducting such research.

One study using such descriptors as ‘youth,’ and ‘young’ people which addressed LGBTQ+ violence included participants aged 18-25 and found one-fifth of a sample of 536 people experienced sexual abuse and almost one-fifth reported experiencing sexual violence in a relationship (Wong, Weiss, Ayala, & Kipke, 2010).

While there is less research in this area when compared to others, recent research has also found that LGBTQ+ youth are at a higher likelihood of experiencing sexual violence when compared to cisgender, heterosexual peers (Dank, Lachman, Sweig, & Yahner, 2014; Ybarra, Mitchell, Palmer, & Reisner, 2014; Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012). However, more research in this area, especially around trans and gender non-conforming youth is needed in order to fully understand the needs and experiences of this group.

Police Reported Crimes

In 2015, Canada had 21,500 reported sexual assaults, with the majority (98%) being at Level One (Allen, 2016). Within Newfoundland and Labrador, the rate of police-reported sexual assault increased by 21% from 2014 (+62 reports, total of 365 in 2015), one of the largest increases in Canada. Perreault (2015) notes that while other rates of violent crimes in Canada decreased from 2004 to 2014, sexual assault remained stable over the 10-year period. Perreault further notes that only an estimated 5% of sexual assault gets reported to the police, based on the 2014 General Social Survey on Victimization, recruiting Canadians aged 15 and older.

Within the United States from 2006-2010, rape or sexual assault was among the highest unreported crimes, estimated at 65% going unreported (Langton, Berzofsky, Krebs, & Smiley-McDonald, 2012). It should be noted that Canada has a broader legal definition of sexual assault and sexual violence, and this narrow definition of sexual assault may skew estimates from the US. There are few studies which report on LGBTQ+ rates of police reporting, although one study on violence found that only 9% of transgender victims reported sexual violence to police (Testa et al., 2012). There is a demonstrated need to explore the rates of police reporting among LGBTQ+ people in order to fully realize the severity and issues surrounding accessing legal and police services.

Substance Use

There is currently little literature which specifically addresses substance use as a mediating factor of LGBTQ+ sexual violence. Some studies have found evidence to suggest that cisgender, sexual minority women report higher levels of hazardous drinking, higher rates of childhood sexual abuse, and later sexual revictimization as an adult, compared to cisgender, heterosexual women. (Hughes et al., 2010). The link between sexual minority women's

experience of childhood sexual abuse and later substance abuse and sexual violence or revictimization has also been found by some (Gilmore et al., 2014). Although, Han et al. (2013) found that alcohol use was the best predictor of adult sexual violence among lesbian women, while childhood sexual abuse was the best predictor of adult sexual violence among gay men, indicating the need for more research in this area.

Monk and Jones (2014) found that among general population women, alcohol use preceded sexual violence, although it is not clear if sexual violence occurs before or after problem substance use. That is, it is largely unclear if problem substance use occurs before an experience of sexual violence, or if it occurs as a coping strategy after an experience of sexual violence. To elaborate, among general population undergraduate women, 20% in a study indicated some type of completed sexual assault since entering college, with most sexual assaults occurring after voluntary consumption of alcohol, with only a few cases of drug-facilitated assault (Krebs, Lindquist, Warner, Fisher, & Martin, 2009). Ullman, Najdowski, & Filipas (2009) found that sexual violence among general population women was linked with experiencing PTSD and subsequent alcohol misuse, which predicted revictimization. Another study found that among sexual minority women, alcohol misuse was found to be caused by sexual assault as a means of coping (Rhew, Stappenbeck, Bedard-Gilligan, Hughes, & Kaysen, 2017).

There is a great need for general population research which specifically addresses the use of alcohol and drugs in experiences before or after sexual violence in order to fully understand the role that it plays within such experiences. More research is needed regarding substance use as a factor in sexual violence experiences especially for sexual minority men as well as trans and gender non-conforming peoples.

Intimate Partner Violence

Intimate Partner Violence (IPV) can “be any form of psychological/verbal (e.g., name calling, threats, manipulation), financial (e.g., controlling access to monetary resources), physical (e.g., the use of physical force), or sexual (e.g., verbal and/or physical coercion to engage in unwanted sexual activity) violence directed at another individual” (Barrett & St. Pierre, 2013, p. 2). For the consideration of this research, this literature review will specifically focus on sexual violence within the context of broader IPV. Admittedly, this area of the literature is particularly lacking compared to research on IPV which addresses physical or ‘domestic violence,’ and research that does include sexual violence typically groups all forms of violence together. The majority of literature focuses on cisgender lesbian, gay, and bisexual men and women.

LGBTQ+ people. The Centre for Disease Control (CDC), based out of the United States, found a high lifetime prevalence of rape, physical violence, and stalking among cisgender lesbian, bisexual, and gay men and women within the context of an intimate relationship (Walters, Chen, & Breiding, 2013). Specifically, they found that 43.8% of lesbian women experienced IPV, compared to 61.1% of bisexual women and 35% of heterosexual women. For men, they found that 26% of gay men reported experiencing IPV, compared to 37.3% of bisexual men and 29% of heterosexual men. These findings contradict the general IPV literature on prevalence rates found above; however, they are limited in that they group IPV as a monolithic category, and they focus specifically on completed, forced rape rather than broader definitions of sexual violence. As mentioned previously, the general disagreement in the area of sexual violence on a consistent definition likely contributes to large ranges of prevalence reported in the literature (Finneran & Stephenson, 2012).

The findings from the CDC also contradict prevalence rates from others, such as Messinger (2011), who found that all types of IPV were more than twice as prevalent among LGB people compared to heterosexual people. Bisexual participants specifically experienced higher rates of IPV, but with perpetrators of the opposite sex. This study is limited by its relatively small sample size and conceptual groupings of LGB people, in that it leaves out queer, pansexual, and other minority sexual orientations and genders. However, Goldberg and Meyer (2013) also found that lifetime and one-year IPV (sexual violence) prevalence for gay men and bisexual men and women, but not lesbian women, were higher when compared to heterosexual groups.

Few studies have addressed trans experiences of IPV at all, especially in relation to sexual violence, and even fewer have addressed the discrepancies within the trans community itself. When LGBQ people were compared against trans people, one study found that 20% of their sample of LGBQ people reported experiencing IPV. Trans people reported higher rates of IPV, with one in three trans participants reporting IPV. No statistical difference was found between transmen, transwomen, and genderqueer/other identified individuals (Langenderfer-Magruder, Whitfield, Walls, Kattari, & Ramos 2016).

Most research reviewed in the area of IPV has found that gay men and lesbian women report experiences and prevalence similar to heterosexual women, in that psychological abuse is the most common form reported, multiple forms of abuse are commonly experienced, and severity increases over time (Sorenson & Thomas 2009). Perhaps unsurprisingly, sexual violence is the least studied form of victimization within IPV literature, and so prevalence rates must be viewed with caution (Badenes-Ribera, Bonilla-Campos, Frias-Navarro, Pons-Salvador, Monterde-i-Bort, 2016).

Men who have sex with men. Among cisgender gay and bisexual men (including MSM), a review of the literature found the rate of IPV to be between 15.4% and 51%. Differences in definitions, perceived meaning of relationship and partner, and measurements used largely contribute to this broad range (Buller, Devries, Howard, & Bacchus 2014). These rates also change when types of IPV are studied separately.

When sexual violence was considered separately within IPV, one study found only 4% of participants reported being coerced into sex, and 1% reported being a perpetrator (Stephenson, Khosropour, & Sullivan 2010); although, it is unclear what constituted coerced sex. O'ringher and Samuelson (2011) further found a strong correlation between being both the recipient and perpetrator of IPV. Finneran and Stephenson (2012) also found that nonphysical forms of violence were reported more commonly than either physical or sexual forms of violence. However, Finneran and Stephenson (2013) also found that while over half of MSM participants in their study viewed IPV as common and problematic, the majority perceived police to be less helpful than for heterosexual victims of IPV, which may contribute to these lower rates.

Important to note, IPV itself among MSM has “been historically measured using definitions of violence derived from and validated on women” (Finneran & Stephenson, 2012, p. 170). This limitation is particularly important as it may underscore the complex nature of IPV and sexual violence among MSM as a distinct sub-group of broader LGBTQ+ experiences. More research is necessary in order to constitute how MSM relationships differ from other relationship types.

Women who have sex with women. Among cisgender lesbian and bisexual women (including WSW), general prevalence rates of IPV ranges from 9.6% to 51.5% (Badenes-Ribera et al., 2016); although, this literature has similar methodological challenges as other studies.

Similar to studies on MSM groups, traditional, heterosexual discourse has considered men and women to be biologically connected to immutable qualities of masculinity and femininity (Hassouneh & Glass, 2008). This is particularly challenging for LGBTQ+ research due to the range of gendered expressions and experiences within the community.

Hassouneh & Glass (2008) studied the nature of IPV among WSW groups, and found several important themes. They found that WSW participants reported feeling that women do not abuse other women, and that their relationship dynamics were just ‘the way things were supposed to be.’ This made it difficult for participants to recognize or self-identify with popular IPV narratives. This connected with the theme of the ‘lesbian utopia,’ in which masculinity is seen as inherently male, and the source of violent predispositions render women immune to such violent tendencies (Ristock, 2002). As pointed out by Giorgio (2002), LGBTQ+ communities may be more reluctant to talk about IPV as a means of self-preservation against stigma and to resist societal denigration of LGBTQ+ lives which may contribute to this myth.

Further, lesbian participants reported that abusive partners may know ‘how to play’ law enforcement who were less informed on assessing violence in same-sex women’s relationships, and typically assessed based on perceived masculinity (Hassouneh & Glass, 2008). This may involve the perpetrator’s use of gender role stereotypes, such as the emotional and hysterical women stereotype, to manipulate police and avoid arrest. These themes can be logically extended to other sexual and gender minority groups as themes involve gender roles, which affect the entire LGBTQ+ community.

Similar to general sexual violence literature, Minority Stress Theory has also been found to be somewhat predictive of IPV within LGBQ relationships (Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2011; Finneran & Stephenson 2014; Edwards & Sylaska 2012). Intimate

Partner Violence has also been found to be more prevalent among LGBTQ+ college and university students (Edwards & Sylaska 2012; Oringher & Samuelson 2011; Porter & Williams, 2011), and youth (Kubicek, McNeeley, & Collins 2015; Martin-Storey 2014), although limitations exist as in the broader sexual violence literature (i.e. definition agreement, lack of trans inclusion, methodology). As pointed out by Baker, Buick, Kim, Moniz, and Nava (2012), “The connection between personal factors and the larger social and cultural contexts raises questions about the ability of survey questions to adequately explore connections” (p. 188). Future research must address the complex interactions between gender, gender role, gender expression, and sexuality, as well as larger social influences such as race, (dis)ability, and others in order to make more meaningful claims.

Summary

This chapter reviewed the current literature regarding sexual violence within North America. It examined the relationship between sexual violence and prevalence rates, police-reported crimes, substance use, and intimate partner violence. It outlined the higher rates of sexual violence among LGBTQ+ across the board, with some limitations regarding the definition of sexual violence within research, methodological challenges, and inter- and intra-group differences between lesbian, gay, bisexual, trans, queer, and other sexual and gender minorities.

The following chapter will discuss the methodology and methods used in conducting the current research. It outlines the research design, data collection and sampling methods, as well as procedures used to employ the current study.

Chapter 3: Methodology and Methods

The purpose of the current research is to determine if sexual violence is occurring among LGBTQ+ communities within the province of Newfoundland and Labrador. Specifically, the research seeks to understand how the phenomenon of sexual violence according to the Canadian legal definition was being enacted. Secondly, if sexual violence is occurring among LGBTQ+ people within the province, the study seeks to understand how and what these experiences look like within the context examined.

Research Design

This research uses a descriptive phenomenological approach in answering the research questions. This approach is useful within the context of sexual violence research as it lends itself to the ability of the researcher and participants to explore the phenomenon in greater depth than other methods allow, and is useful for phenomena that have not been extensively explored within existing literature (Giorgi, 2012). To this end, an anonymous, online survey was used in this research study. Using a combination of both closed- and opened-ended questions, participants were given the opportunity to report their experiences in a structured format (closed-ended questions) and describe their experiences in as much or as little detail as they felt necessary (open-ended questions),

The survey itself is a replication of Menning and Holtzman's (2014) survey exploring awkward, uncomfortable, or emotionally charged sexual experiences among LGBTQ people on a mid-sized US college campus. Their survey was adapted from Koss, Gidycz, and Wisniewski's (1987) original survey exploring sexual violence. Menning and Holtzman (2014) adapted this survey to address the gap in sexual violence literature involving LGBTQ+ communities. For the purposes of the current study, demographic questions were adapted to fit a Canadian, and

Newfoundland and Labrador context. Demographics were also opened up to youth and older adult age ranges, rather than limiting it to college and post-secondary students. Participants were further given the opportunity to voice any concerns or add information they felt was not captured by the survey questions at the end of each section.

The use of ‘insider knowledge’ heavily informs the lens through which the current study is investigated. ‘Insider knowledge’ has been largely used within the field of Anthropology, Social Work and by ethnographic researchers. It is a methodology in which the researcher identifies with the population being studied (Kanuha, 2000). As Kanuha mentions, it “takes an emic perspective, rather than etic, in that it is subjective, informed, and influential” (p. 441). As a Queer researcher and insider, there are pros and cons to this approach. It is beneficial in that the researcher is situated within the community, has better access to participants, maintains trust, and has knowledge of the issues affected by the community. However, it is criticized as having a distorted viewpoint and lacking objectivity, and can cause role confusion due to the influences of relationships among participants and researcher (Taylor, 2011). With this being said, the researcher argues here that such use of ‘insider knowledge’ methodology is necessary in order to be reflective of the lived experiences of the community, while allowing for space to be made for marginalized voices which might not otherwise have the opportunity to access such research.

Data Collection

Sampling and Recruitment. Participant recruitment was largely centred around three strategies: snowball sampling through physical posters, social media, and email recruitment, all of which were informed by the use of ‘insider knowledge.’ A recruitment poster was created and posted physically at Memorial University of Newfoundland, St. John’s campus, Corner Brook campus, and around Happy Valley-Goosebay (Labrador). The poster detailed the nature of the

study, inclusion criteria, and provided a link to the online survey. An electronic version of the recruitment poster was then shared three separate times, about one month apart, to various Facebook groups and pages. The poster was emailed to provincial LGBTQ+ and allied organizations, such as the coalitions against violence, and the province's Sexual Assault Crisis Centre, with the request that it be shared with whomever may be suitable.

Inclusion criteria noted in the poster detailed the need to have experiences in Newfoundland and Labrador, must be at least 13 years old, and must identify along the LGBTQ+ continuum. While this limits the experiences of men who have sex with men (MSM) and women who have sex with women (WSW) who may not identify as LGBTQ+, it is a conscious decision to recruit from the LGBTQ+ community due to the difficulties in reaching this population and the nature of in-group/out-group violence. Further, the choice to include participants aged at least 13 years or older was made due the high levels of violence experienced among this demographic population (Martin-Storey, 2015; Luo, Stone, & Tharp, 2014).

The use of snowball sampling methods is useful for the study of 'hidden' or marginalized communities, as it can be used to connect to participants' social networks, especially for use within LGBTQ+ populations (Browne, 2005). This strategy is especially useful since the rise in popularity of social media websites such as Facebook. Moreover, using snowball sampling with social media allows for a higher response rate, and increased trust between participants' and the researcher due to the availability of the researcher's profile and the interaction with the communities (Baltar & Brunet, 2011).

Insider knowledge is especially pertinent here, as there is a more complex understanding of the issues being explored. Regarding sampling and recruitment, being a member of the community under investigation can allow for an ease of access due to an awareness of physical

and online spaces to connect with the community. Further, such membership can elicit a greater sense of trust and respect between researcher and participant, which is important when exploring traumatic and intimate experiences.

Participants. A total of 153 participants attempted the survey. Among these, 100 participants participated in the survey to completion. After removing participants who did not report experiences of sexual violence, a total sample size of 99 was produced. A further discussion of the speculative reasons for the response rate will take place in the limitations section of this paper.

Procedures

An anonymous, online survey was replicated with permission from Menning and Holtzman (2014). The survey was hosted on Fluidsurveys in order to account for privacy law concerns, as other survey websites have web servers hosted in the United States and are thus subject to United States laws. Fluidsurveys, on the other hand, has servers located within Canada and is not subject to these laws (Online Surveys – Data Privacy in Canada, n.d.).

The survey was distributed through social media, specifically Facebook, emailing 12 organizations located throughout the province, and poster advertising in three separate communities, including St. John's, Happy Valley-Goosebay and Corner Brook. The recruitment material contained a link to the survey, which described the study and the possible harmful consequences, such as being re-victimized or triggered for those suffering from Post-Traumatic Stress Disorder (PTSD). To mitigate this harm, participants were reminded that they could close the survey at any point, and several resources including the province's Mental Health Crisis Line, and Sexual Assault Crisis Line services were located on each survey page. A cultural

competency training session was conducted and recorded for the Sexual Assault Crisis Line, which all volunteers were required to complete, including future volunteers.

Instrument. The survey produced from Menning and Holtzman (see Appendix B for the survey instrument used for the current study) was modelled after the Sexual Experiences Survey (SES), created by Koss et al. (1987). The SES was found to have internal consistency reliabilities of .74 for [cisgender, heterosexual women and .89 for cisgender, heterosexual men. Test-retest agreement among administrators was found to be 93% (Koss & Gidycz, 1985). Validity was studied at the same time of the initial survey project, accounting for self-report bias (Pearson correlation of .73 ($p < 0.001$) for women's level of victimization; 0.61 ($p < 0.001$) for men based on level of aggression), and with only 3% (2 out of 68) respondents who reported meeting US legal definitions of sexual violence were judged to have misinterpreted the questions.

The SES established reliability using cisgender, heterosexual people, and with American definitions of sexual violence; however, it is strong due to high reliability and validity. Further, it addresses complex interactions of sexual violence, rather than the simplistic heteronormative concepts (i.e. the societal and cultural assumptions of cisgender and heterosexual identity) of sexual violence, making it an important tool for the purposes of this study.

Questions were adjusted for demographic purposes, including adjustment to geographic location to be inclusive of Newfoundland and Labrador's wide geography and population spread. Questions surrounding sexual orientation and gender identity were left open, with a question regarding sex assigned at birth being included in order to code answers according to cisgender and transgender identity status (see Appendix B). Participants were also invited to add any comments they had at the end of each section through open-ended question format.

The decision to categorize gender and sexuality questions this way was a conscious one. This was done in order to avoid conflating sex (i.e. biological characteristics such as chromosomes, genitalia, and secondary sex characteristics) and gender (i.e. the internal sense of connection and identity to gender), which is different from gender expression (i.e. how one externally displays their sense of gender through clothing, hairstyles, etc.) and sexual orientation (i.e. who you are romantically and/or sexually attracted to).

Data Analysis. The data obtained from this survey were analyzed using descriptive statistics for closed-ended questions, and generic qualitative content analysis of open-ended questions. Responses comprised of sentences that varied from several words to several sentences in length. Questions asked about types of verbal and physical pressure, threat or force used, presence of drugs and/or alcohol, activities before and after the event, location during the most recent experience of sexual violence, experiences of discomfort, reactions, feelings afterwards, and if someone was told afterwards.

Data analysis is further disseminated based on general LGBTQ+ membership, rather than dividing it by lesbian, gay, bisexual, trans, queer and other gender and sexual minority categories. This is to ensure current findings are being represented against prevailing notions of heterosexual and cisgender-specific understandings of sexual violence.

Traditional, qualitative content analysis is used as the prevailing method of analysis of open-ended questions. Content analysis is useful in that it can be used to make valid inferences from a given text (Weber, 1990). An emergent coding structure was used, rather than a priori (Stemler, 2001). This process is outlined by Haney, Russell, Gulek, and Fierros (1998), which entails two researchers independently coding the data (i.e. the current author and the supervising researcher) using one or two-word key phrases which represented the text. Next, the researchers

met and compared notes, reconciling any differences. This ensured a high inter-rater reliability of the data through high agreement rates. Next, codes were grouped into similar categories based on repetitions and context of the data (Ryan & Bernard, 2003), and finally general themes were developed representing these categories.

Closed-ended questions were analyzed using descriptive statistics and frequencies. To achieve this, SPSS v.24.0 was utilized, and tables are presented; however, further analysis was not pursued because of the size and grouping complexities of the sample (Bartlet, Kotrlik, & Higgins, 2001; Hill, 1998).

Summary

The current chapter presented the methodology and methods of the research study. It presented the research design, followed by the methods utilized to conduct data collection, participant recruitment, and data analysis. The following chapter will present the results of this study. It will first present the descriptive characteristics of the demographic, followed by the frequency analysis of closed-ended questions. Next, it will present the frequencies and content analysis of closed- and opened-ended questions, and finally, the content analysis of only open-ended questions are presented.

Chapter 4: Results

The purpose of this research is to determine if and how sexual violence occurs among gender and sexual minority communities within the province of Newfoundland and Labrador. Using an exploratory approach to the research, it replicated and expanded upon a survey adapted by Menning and Holtzman (2014), adjusted for demographic considerations, and conducted anonymously using an online survey tool.

The results are comprised of (1) participant demographic information, (2) descriptive statistics reporting the frequencies of responses for closed-ended questions and (3) a thematic analysis of the data retrieved from open-ended questions contained within the general sexual violence survey, ranging from 1-5 sentences in length.

The results are presented and organized by question. Many of the questions included multiple modifiers or influencers within each response and, as a result, several questions total response percentages exceeding 100 per cent. These multiple modifiers also contributed to the emergent process of multiple themes within the data.

Demographics

Demographic data was collected and presented here for descriptive purposes (see Appendix A). Demographic questions were modified to be more geographically relevant. Participants were asked to identify the region of Newfoundland and Labrador that they resided in, as well as the population of the town that they lived in. This allowed for an understanding of rural and urban contexts while allowing for privacy and anonymity. Almost 75 per cent of participants within the sample (74.7%, $n = 74$) identified as living within the Avalon region of the province. Of those within the Avalon region, 66.7% ($n = 66$) of participants identified as living in a town with over 30,000 people.

Looking specifically at gender, the survey asked participants what sex they were assigned at birth, and proceeded to ask what their gender was. The data from these questions were cross-referenced and it was found that a majority of the sample identified as cisgender, referring to when sex assigned at birth aligns with gender identity (65.7%, $n = 65$). However, a substantial number of participants were representing from the transgender community, whether explicitly or through cross-referencing both questions (34.3%, $n = 34$). Regarding sexual orientation, the majority of participants identified as bisexual (29.3%, $n = 29$), gay (18.2%, $n = 18$), pansexual (15.1%, $n = 15$), and queer (13.2%, $n = 13$). With regard to race, almost the entire sample identified as Caucasian or White (90.9%, $n = 90$), while 8.1% ($n = 8$) identified as aboriginal or indigenous.

Regarding relationship status, under half reported being in a relationship (44.4%, $n = 44$), with the next largest group reporting being single at the time of the survey (27.3%, $n = 27$). Participants reported cohabitating with someone (14.1%, $n = 14$), being in a polyamorous relationship (6.1%, $n = 6$), dating someone (4%, $n = 4$), or being married to someone (4%, $n = 4$).

The sample was well educated, with 41.1% ($n = 41$) of participants reporting being a college graduate or more, and 43.4% ($n = 43$) reporting having attained some college education, but no diploma or degree. Just over half of the participants in the sample reported being enrolled in a school (53.5%, $n = 53$), with 49.5% ($n = 49$) of those being enrolled in a college or university. The largest age group within the sample were between 18-24, with 51.5% ($n = 51$) of the total sample. The next largest age group within the sample were between 26-29, with 26.3% ($n = 26$) of the total sample. Only 9% ($n = 9$) of the sample were aged 13-17, and 10% ($n = 10$)

were aged 30-39. There were only 2% ($n = 2$) of participants identified in this sample above age 40.

Analysis

Descriptive statistics are used to present the frequency with which participants in the sample experienced sexual violence at any point in their life. Following this, the frequency of various factors regarding sexual violence is presented alongside the qualitative analysis of participant responses (for those who responded ‘yes’ to experiencing pressure, threat, force, or substance abuse). Open-ended questions were then presented to all participants, regardless of experiential context, and the analysis is presented here. Closed-ended responses were asked in relation to *any* unwanted sexual experience, while all other questions thereafter were specifically related to participants’ *most recent* unwanted sexual experience.

Closed-Ended Responses – Unwanted Sexual Experiences

This section will focus explicitly on closed-ended response questions only. Participants were asked to think about all unwanted sexual experiences, regardless of timeline. The results are presented as frequencies in order to facilitate a greater understanding of sexual violence.

Have you ever had sex play when you did not want to? Within the sample, 83.8% ($n = 83$) indicated that they had ever experienced sex play when they did not want to, while the remaining 16.2% ($n = 16$) indicated that they had never experienced unwanted sex play. Of the participants who had indicated that they had experienced sex play when they did not want to, 14.5% ($n = 12$) endorsed experiencing this once, 31.3% ($n = 26$) endorsed experiencing this 2 – 3 times, 13.3% ($n = 11$) endorsed experiencing this 4 – 5 times, and 41% ($n = 34$) endorsed experiencing this more than five times. Table 1 presents specific contexts that participants reported related to unwanted sex play.

Table 1

Specific contexts of participant responses to unwanted sex play.

(n = 99)	Missing response	None	Once	2 – 3 times	4 – 5 times	More than 5 times
Person's continual arguments and pressure	19 (19.2%)	17 (17.2%)	11 (11.1%)	26 (26.3%)	5 (5.1%)	21 (21.2%)
Person made verbal threats	21 (21.2%)	60 (60.6%)	5 (5.1%)	8 (8.1%)	1 (1.0%)	4 (4.0%)
Person used their position of authority (boss, camp counselor, supervisor) to make you	19 (19.2%)	62.6 (19.2%)	7 (7.1%)	5 (5.1%)	1 (1.0%)	5 (5.1%)
Person used some degree of physical force (twisting your arm, holding you down, etc.) to make you	20 (20.2%)	30 (30.3%)	23 (23.2%)	16 (16.2%)	5 (5.1%)	5 (5.1%)
Person gave you alcohol or drugs	21 (21.2%)	43 (43.4%)	15 (15.2%)	14 (14.1%)	1 (1.0%)	5 (5.1%)

Have you ever had oral sex when you did not want to? Within the sample, 45.5% ($n = 45$) indicated that they had ever experienced oral sex when they did not want to, while the remaining 54.5% ($n = 54$) indicated that they had never experienced unwanted oral sex. Of the participants who had indicated that they had experienced oral sex when they did not want to, 24.4% ($n = 11$) endorsed experiencing this once, 33.3% ($n = 15$) endorsed experiencing this 2 – 3 times, 8.9% ($n = 4$) endorsed experiencing this 4 – 5 times, and 33.3% ($n = 15$) endorsed experiencing this more than five times. Table 2 presents specific contexts that participants reported related to unwanted oral sex.

Table 2

Specific contexts of participant responses to unwanted oral sex.

($n = 99$)	Missing response	None	Once	2 – 3 times	4 – 5 times	More than 5 times
Person's continual arguments and pressure	54 (54.5%)	11 (11.1%)	7 (7.1%)	12 (12.1%)	3 (3.0%)	12 (12.1%)
Person made verbal threats	56 (56.6%)	31 (31.3%)	4 (4.0%)	6 (6.1%)	0 (0.0%)	2 (2.0%)
Person used their position of authority (boss, camp counselor, supervisor) to make you	56 (56.6%)	33 (33.3%)	3 (3.0%)	3 (3.0%)	1 (1.0%)	3 (3.0%)
Person used some degree	54	18	10	12	1	4

of physical force (twisting your arm, holding you down, etc.) to make you	(54.5%)	(18.2%)	(10.1%)	(12.1%)	(1.0%)	(4.0%)
Person gave you alcohol or drugs	56 (56.6%)	25 (25.3%)	9 (9.1%)	4 (4.0%)	1 (1.0%)	4 (4.0%)

Have you ever been fisted or fisted a partner when you did not want to? Within the sample, 7.1% ($n = 6$) indicated that they had ever been fisted or fisted a partner when they did not want to, while the remaining 92.9% ($n = 92$) indicated that they had never experienced unwanted fisting. Of the participants who had indicated that they had experienced fisting or fisting a partner when they did not want to, 57.1% ($n = 4$) endorsed experiencing this once, and 42.9% ($n = 3$) endorsed experiencing this 2 – 3 times. Table 3 presents specific contexts that participants reported related to unwanted oral sex.

Table 3

Specific contexts of participant responses to unwanted fisting or fisting a partner.

($n = 99$)	Missing response	None	Once	2 – 3 times	4 – 5 times	More than 5 times
Person's continual arguments and pressure	92 (92.9%)	4 (4.0%)	1 (1.0%)	1 (1.0%)	0 (0.0%)	1 (1.0%)
Person made verbal threats	92 (92.9%)	4 (4.0%)	2 (2.0%)	0 (0.0%)	0 (0.0%)	1 (1.0%)

Person used their position of authority (boss, camp counselor, supervisor) to make you	92 (92.9%)	6 (6.1%)	1 (1.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Person used some degree of physical force (twisting your arm, holding you down, etc.) to make you	92 (92.9%)	4 (4.0%)	2 (2.0%)	0 (0.0%)	0 (0.0%)	1 (1.0%)
Person gave you alcohol or drugs	92 (92.9%)	3 (3.0%)	2 (2.0%)	1 (1.0%)	0 (0.0%)	1 (1.0%)

Have you ever had someone ATTEMPT to engage in sexual intercourse when you did not want to, but the intercourse DID NOT ACTUALLY OCCUR? Within the sample, 73.7% ($n = 73$) indicated that they had ever experienced attempted sexual intercourse when they did not want to, while the remaining 26.3% ($n = 26$) indicated that they had never experienced unwanted attempted sexual intercourse. Of the participants who had indicated that they had experienced attempted sexual intercourse when they did not want to, 28.2% ($n = 20$) endorsed experiencing this once, 33.8% ($n = 24$) endorsed experiencing this 2 – 3 times, 9.9% ($n = 7$) endorsed experiencing this 4 – 5 times, and 28.2% ($n = 20$) endorsed experiencing this more than five times. Table 4 presents specific contexts that participants reported related to unwanted attempted sexual intercourse.

Table 4

Specific contexts of participant responses to unwanted attempted sexual intercourse.

(<i>n</i> = 99)	Missing response	None	Once	2 – 3 times	4 – 5 times	More than 5 times
Person's continual arguments and pressure	28 (28.3%)	9 (9.1%)	11 (11.1%)	27 (27.3%)	9 (9.1%)	15 (15.2%)
Person made verbal threats	31 (31.3%)	47 (47.5%)	8 (8.1%)	9 (9.1%)	1 (1.0%)	3 (3.0%)
Person used their position of authority (boss, camp counselor, supervisor) to make you	30 (30.3%)	54 (54.5%)	8 (8.1%)	1 (1.0%)	2 (2.0%)	4 (4.0%)
Person used some degree of physical force (twisting your arm, holding you down, etc.) to make you	31 (31.3%)	33 (33.3%)	17 (17.2%)	12 (12.1%)	1 (1.0%)	5 (5.1%)
Person gave you alcohol or drugs	30 (30.3%)	37 (37.4%)	13 (13.1%)	14 (14.1%)	2 (2.0%)	3 (3.0%)

Have you ever had sexual intercourse when you did not want to? Within the sample, 62.6% ($n = 72$) indicated that they had ever experienced sexual intercourse when they did not want to, while the remaining 37.4% ($n = 37$) indicated that they had never experienced unwanted sexual intercourse. Of the participants who had indicated that they had experienced sexual intercourse when they did not want to, 36.5% ($n = 23$) endorsed experiencing this once, 25.4% ($n = 16$) endorsed experiencing this 2 – 3 times, 3.2% ($n = 2$) endorsed experiencing this 4 – 5 times, and 34.9% ($n = 22$) endorsed experiencing this more than five times. Table 5 presents specific contexts that participants reported related to unwanted sexual intercourse.

Table 5

Specific contexts of participant responses to unwanted sexual intercourse.

($n = 99$)	Missing response	None	Once	2 – 3 times	4 – 5 times	More than 5 times
Person's continual arguments and pressure	39 (39.4%)	7 (7.1%)	17 (17.2%)	18 (18.2%)	2 (2.0%)	16 (16.2%)
Person made verbal threats	41 (41.4%)	40 (40.4%)	7 (7.1%)	6 (6.1%)	0 (0.0%)	5 (5.1%)
Person used their position of authority (boss, camp counselor, supervisor) to make you	42 (42.4%)	48 (48.5%)	6 (6.1%)	1 (1.0%)	1 (1.0%)	1 (1.0%)
Person used some degree	40	31	15	6	0	7

of physical force	(40.4%)	(31.3%)	(15.2%)	(6.1%)	(0.0%)	(7.1%)
(twisting your arm,						
holding you down, etc.)						
to make you						

Person gave you alcohol	40	35	10	4	3	7
or drugs	(40.4%)	(35.4%)	(10.1%)	(4.0%)	(3.0%)	(7.1%)

Closed- and Open-Ended Response Analysis

The next section will look at closed-ended and open-ended combination questions. The following questions asked participants to think about their most recent experience of sexual violence when responding to the questions. It is noted here that participants may endorse multiple themes within the same response, and so results may indicate a total percentage higher than 100.

Verbal pressure. This section involves the use of verbal pressure to engage in unwanted sexual activity.

Frequency. Participants were initially asked if they had ever experienced verbal pressure. Of the total sample, 62.6% ($n = 62$) reported experiencing verbal pressure (see Table 6).

Table 6

Participant responses to verbal pressure.

<i>(n = 99)</i>	<i>n</i>	<i>%</i>
Did you experience verbal pressure?		
Yes	62	62.6
No	34	34.3
Missing response	3	3.0

All participants who endorsed experiencing verbal pressure responded to an open-ended follow up question to describe this further. Two specific themes emerged from the data, and one theme preliminarily emerged that was specific to LGBTQ+ experiences, although not enough data was gathered to make this finding generalizable. This is included here to look at how LGBTQ+ narratives may differ from heteronormative concepts of sexual violence.

Guilt. The first theme which emerged revolved around pressure surrounding guilt. Of the participants who endorsed verbal pressure, 41.9% ($n = 26$) reported experiences of guilt including emotional guilt, nagging, manipulation, and relentless or persistent pressure. For 34.6% ($n = 18$) of the sample who endorsed verbal pressure, many of them described such pressure within the context of a relationship. For example, when asked if there was anything to expand upon that was not identified within the survey questions, one participant noted that “a lot of times it’s pressure from the person, even when you’re not horny but they are. Makes you feel

obligated. This has happened even when in committed relationships.” Another participant noted that “he pestered and kept asking for sex because he wanted it, when I was trying to sleep. He said if I loved him, I would have sex with him.” This type of ultimatum response within relationship-oriented pressure was a frequent theme subsumed under guilt, with 13.5% ($n = 7$) of those who endorsed verbal pressure reporting the threat of breaking up by a partner.

Shame. The second theme that emerged involved the concept of shame or being shamed. Of the participants who endorsed verbal pressure, 13.5% ($n = 7$) reported experiences that were categorized by persuasion, negative comments, and pestering. One participant noted being pressured through “persuasion, invalidation of feelings, being put down,” while another noted “persuasion (you’re acting like you are a virgin).”

Finally, it is important to note the threat of ‘being outed.’ This refers to the process of disclosing one’s non-heterosexual, non-cisgender sexual or gender identity to others when one is not open about such identities (i.e. being ‘in the closet’). Only 3.9% ($n = 2$) of those who endorsed verbal pressure reported experiencing this; however, it represents a concern which is otherwise not present within heteronormative sexual violence literature and training.

Physical threat.

Frequency. Participants were initially asked if they had been physically threatened. Of the total sample 18.2% ($n = 18$) reported being physically threatened (see Table 7).

Table 7

Participant responses to physical threat.

<i>(n = 99)</i>	<i>n</i>	<i>%</i>
Were you physically threatened?		
Yes	18	18.2
No	77	77.8
Missing response	4	4.0

All 18 participants who indicated they had been physically threatened chose to respond to the open-ended question in this section. The themes that were presented were coded according to a single-influencer and multiple-influencers. The main theme that emerged involved the use of size as reported by 66.7% ($n = 12$) of participants who endorsed experiencing physical threat. Size was coded through strength, physical size or presence, and intimidation. This was also presented by single as well as multiple influencers. An example of a single influencer is seen as referenced by three participants, who reported being “scared by physical size.”

Multiple influencers involved more than one reported circumstance involving physical threat. This was coded to include size as well as hitting, throwing, number of perpetrators, and the enactment of violence. Size and threat or enactment of physical violence were the biggest contributors, and 72.2% ($n = 13$) of participants reported multiple influencers. For example, several participants reported the influence of both size and physical enactment of force. One

participant noted that “[they] told me they would get on top of me and make me since they were twice my size and weight. They were a lot bigger and got on top of me and wouldn’t move.” Here, the use of enactment, or physically moving on top of the participant, was paired with the threat of doing so and the intimidation of size.

Physical force.

Frequency. Participants were asked if physical force was used in their experience. Of the total sample, 37.4% ($n = 37$) reported physical force being used (see Table 8).

Table 8

Participant responses to physical force used.

$(n = 99)$	n	%
Was physical force used?	96	
Yes	37	37.4
No	59	59.6
Missing response	3	3.0

Out of the 37 participants who responded ‘yes,’ 86.5% ($n = 32$) answered the proceeding open-ended question. Frequently, three types of physical force were used on participants: being grabbed, hit, and restricted movement.

Grabbing or hitting. Being grabbed was reported by 21.9% ($n = 7$) participants. Hitting was categorized to include descriptions of hitting, punching, biting, and/or slapping. Of those

who endorsed experiencing physical force, 21.9% ($n = 7$) reported this type of physical force used against them (e.g. “hit me across the face, pinned me down, choke me [*sic*], bit my neck really hard;” “She slapped me across the face several times”).

Restriction of movement. Restricting movement was the most frequent type of physical force reported by participants. This included being held down, pinned, restrained, or any other related descriptors. Of those who endorsed experiencing the use of physical force, 62.5% ($n = 20$) participants reported this type of force. Some participants reported solely being restrained as the type of force (e.g. “pinning of the arms;” “physically restrained”), while others reported this type of force in conjunction with other types of force. For example, one participant reported “They grabbed my wrists and pulled my arms and hit me, also got on top of me and wouldn’t move.” This participant reports experiencing three of the frequent themes which emerged from participant responses.

Drugs/Alcohol.

Frequency. Participants were initially asked if anyone had been under the influence of drugs or alcohol. Of the total sample, 32.3% ($n = 32$) reported the involvement of drugs, alcohol, or both in their experiences (see Table 9).

Table 9

Participant responses to drug or alcohol influence.

	(<i>n</i> = 99)	<i>n</i>	%
Was anyone who was involved in the unwanted experience under the influence of drugs or alcohol at the time?			
Yes		32	32.3
No		62	62.6
Missing response		5	5.1

Of those who endorsed the use of drugs or alcohol, 93.8% (*n* = 30) of participants expanded on this question through open-ended response. Out of these 30 responses, 80% (*n* = 24) reported the involvement of alcohol, while 13.3% (*n* = 4) reported the use of marijuana. Regarding the use of alcohol within participants' experiences, 46.7% (*n* = 14) of the participants explicitly reported that both they and the perpetrator were under the influence of alcohol. The intensity of the use of alcohol by both parties varied in response. For example, one participant noted "I had had a few drinks but he was over a dozen beer in," while another noted "she'd already been drinking before I even got there, and she made me a very strong drink as well when I got there." Of those who endorsed experiencing drugs or alcohol, 13.3% (*n* = 4) reported only the perpetrator being under the influence of alcohol, while 6.7% (*n* = 2) of the participants reported being the only person under the influence of alcohol, while the perpetrator was not.

Open-Ended Response Analysis

The following section analyzes open-ended only questions asked of all survey participants ($n = 99$). Participants were asked to think about their most recent experience of sexual violence when responding to the questions. The final question utilizes a frequency table in presenting findings, which models the formatting of the survey questionnaire. As mentioned in previous sections, some participants may endorse multiple themes in their response to some or all of the questions, and so results may indicate a percentage higher than 100. On the other hand, not all responses were captured in the reported themes here, as there were not enough responses to necessitate a categorical theme. This may also be reflected in the percentages reported here.

One hour prior. The fifth question of the analysis asked participants “What were you doing approximately one hour before your most recent unwanted sexual experience took place?” This question was answered by 81.8% ($n = 81$) of the total sample. The prominent theme emerging from the data was that most people were in social settings at least one hour prior to their experience, including house parties, bars, and with friends. Interestingly, 21% ($n = 17$) of the participants) explicitly reported being with the perpetrator. Some participants reported that “[the perpetrator was driving me home,” while others reported “watching a movie with the other person involved.” Responses which indicated being with the perpetrator often described the scenario as being in a more intimate space, such as being one-on-one at the perpetrators house, watching television, driving with the perpetrator, or being isolated in a public space (ex. school, party) with the perpetrator.

Location. This question asked participants “Please describe where you were during the unwanted sexual experience. Please do not use actual addresses or names.” Of the total sample,

84.9% ($n = 84$) participants responded to this open-ended question. Three themes emerged from this data; public-social, public-private, and private.

Public/Social settings. This type of setting included bars/clubs, friend's houses or house parties. Of those who responded to this question, 15.5% ($n = 13$) of participants described being located in these types of spaces, although there were similarities amongst them. While participants described these experiences within social contexts, many described being isolated within such venues, similar to the previous question. For example, one participant noted "I was in the back of an ally [*sic*] in lower [downtown area]," while another noted being at a "friend's house, surrounded by strangers." These experiences note the social setting, but within a broader context, there is an isolation component which separates the social component.

Public-private settings. This particular phenomenon of isolation in social contexts was also found within the public-private domain, as reported 10.7% ($n = 9$) of participants. This domain refers to the public spaces that participants reported, such as school libraries, public parks, and walking home, that also exist within isolation. One participant responded that their experience occurred "[...] on the dance floor/in their hotel room." This kind of dual-experience represents both the public club space as well as social, while moving to the private hotel room, isolated but within the same experience. Another participant shared their experience, explaining that they were "in the woods by my school," and another reported that they were "[...] in the back room of the library at school." Both of the participants' note being isolated within the public space, thereby shifting the experience to private.

Private settings. The majority of experiences took place at the home, referring to the victim's home or a shared home, as reported by 27.4% ($n = 23$) of participants, or the perpetrator's home, as reported by 34.5% ($n = 29$) participants. Within these spaces, 22.6% ($n =$

19) of the participants indicated that the experience occurred within a bedroom. Interestingly, many of the responses indicated that the home was shared with a partner, the home of their partner, or the home of a friend or best friend. However, it is not clear exactly how many experiences involved these situations as several responses were not explicit in this regard (“I was in her apartment,” “in his house,” etc.). Others, were more explicit in explaining that “I was in the apartment that I shared with my boyfriend at the time,” or “in bed, with my partner at the time,” reinforcing the broader theme of intimate partner violence within these results.

Discomfort before the event. The survey next asked participants “Please think about the events that led up to the unwanted sexual experience. At what point did you begin to feel uncomfortable during your interactions with the individual(s) involved?” Of the total sample 86.9% ($n = 86$) responded to this open-ended question. Three themes emerged out of the responses—sexual conversations, pressure, and physical touch.

Sexual conversations. As a theme, this represents coded categories of compliments, sexual comments, and sexual topics of conversation. Of those who responded, 11.6% ($n = 10$) of participant responses fell within this theme. An example of this is referenced by one participant who explained “I began to feel uncomfortable when they were making sexual comments at me. They were specifically referencing the convenience of an easy removal of a piece of clothing merchandise [...],” in which the participant notes that the comments were directed at them, as opposed to being present within a conversational topic. Other participants noted feeling discomfort when conversations took on a sexual topic, as one participant explains feeling uncomfortable “When he started talking sexual to me out of the blue.” Again, the language denotes sexual conversations happening to the participant, rather than with the participant, indicating a lack of mutuality to sexual conversations that occur.

Pressure. This theme emerged from categories that included verbal, persuasion, and frequency and repetition responses. This theme reflects a more verbal indicator of discomfort in order to separate the pressure of physical enactment which is reflected in the third theme. While only 8.1% ($n = 7$) participants indicated this, it represented one of the most frequent experiences within this sample. Pressure can be simplified as one participant noted feeling uncomfortable “once they started trying to have sex.” However, experiences ranged in intensity, as one participant explains “I expressed discomfort when it passed just making out and he began persuading me/being emotionally abusive.” Pressure, then, can be considered along a continuum, ranging from expectations (“Knowing that there was sexual expectation that didn’t align with what I wanted [...]”), to frequent requests (“We were in bed and I was trying to go to sleep. I felt uncomfortable after the third time he asked me to have sex”), to escalating pressure (“When he started getting pushy”).

Physical touch. The third theme arising from this question involved physical intrusion of personal space. This particular theme was coded according to intrusive touching, sexual touching (i.e. buttocks, breasts, genitals), and unwanted kissing. This was the theme which represented the most frequent point of initial discomfort among participants, with 22.1% ($n = 19$) of participant responses. Several participants reported feeling discomfort with an interaction with an ex-partner. One participant aptly described their experience, explaining “[it] was a bad, shallow relationship that was several weeks past its expiration date. I should have ended it a month or two sooner, but breakups are messy and it would have complicated our living arrangements significantly [...]” Although there were not enough explicit reports that were significant, it is representative of the broader emergent issue of IPV as a frequent source of violence within the lives of LGBTQ+ participants.

Similar to the theme of pressure, this theme emerged as a continuum of experiences, ranging from intruding physical space through non-sexual touching (“When attacker [*sic*] put their arm around me”), to unwanted kissing (“As soon as they kissed me;” “[I] started to feel uncomfortable when she started to hang off of me, kiss me, and tell the party how hot [I] was in bed”), to genital touching (“I began to feel uncomfortable when he started touching my butt and chest area;” “when they tried to start kissing me, then even more so when they tried to take my penis out of my pants”) and physical force (“When they crawled on top of me and put their crotch in my face;” “When he threw me under a patio and forced me down.”). Discomfort was therefore initialized in this sample by topics changing to sexual in nature, and intruding on physical space.

Physical or verbal reactions. The next question under analysis asked participants “How did you react (physically and/or verbally) to the unwanted advances?” Of the total sample, 86.9% ($n = 86$) responded to the open-ended question. Two distinct strategies were used by participants: setting (or attempting) boundaries, and shutting down. As a sub-theme of boundary setting, resistance emerged as a strategy endorsed by some participants, which was ultimately different than these themes due to the active, rather than passive, nature of it.

Setting, or attempting to set boundaries. This included physical, verbal (or both) limits. Of the participants who responded, 27.9% ($n = 24$) described setting boundaries as a reaction to unwanted advances. Verbally, some participants reported reacting passively, as described by one participant “Being female, when in an uncomfortable situation, I have been taught to laugh it off or smile, so I did.” Here, it is noted that passive responses and boundaries interact with other factors, such as gender-role influencers. Other participants noted setting boundaries “By moving

away, by saying I wasn't in the mood, pacifying him by saying I would do it another time." The passive verbal response here is also indicative of gender-based role expectations.

Physical boundaries ranged in intensity. Some participants reported moving away ("Jumped away from them;" "I tried to move away but was physically unable to [...];" "moved my head around, trying to push him off"), while others reacted with more intensity ("I tried to harm the person physically and screaming but they restrained me and covered my mouth"). Others, still, reported reactions which encompassed both verbal and physical limitations ("I expressed discomfort and put space between us;" "I shoved the person and told them to stop [...]").

As a theme, resistance emerged as a distinct sub-theme of setting boundaries. It emerged from an active verbal or physical boundary as a reaction to unwanted advances. Of the participants who responded to this question, 14% ($n = 12$) responded in this way. Some participants actively responded to unwanted advances through active verbal limits. For example, one participant reported "I said 'no' over and over. I said this isn't right," while another reported "[I] told them I didn't want to do anything, wouldn't let them kiss me." The active verbal limit was described as more explicit than the passive response. Physical forms of resistance, on the other hand, were coded by avoidance reactions, as well as physically leaving the space. For example, one participant noted "At first I rolled away as though I wasn't awake. I hoped that would stop him but it didn't. I smacked his hand away and got up and left." Reactions through overall limitations and boundaries were appropriate to the range of contexts described by participants, but underline the various dynamics—both internal and external—that interact with the complex situations in which sexual violence occurs.

Shutting down. Finally, the theme of shutting down emerged from a large portion of the responses. Of the participants who responded to the question, 34.9% ($n = 30$) endorsed this theme. Participants responded to the question by reporting freezing up, succumbing to the experience, going along with it, having no reaction, dissociating from the experience, or going through with the experience to “shut them up.” One participant reported “I shut down. I was in shock. I struggled but he was much stronger than me. I tried to say stop. I was crying a lot.” Another noted “I was scared so I didn’t say anything,” while another reported “I held off at first, but I gave in after a while.” The concept of shutting down in this regard represents a variety of strategies to cope with the experiences of sexual violence.

Feelings immediately afterwards. The next open-ended question asked “What were your feelings immediately afterwards?” Out of the total sample asked, 88.9% ($n = 88$) of participants responded to this question. Of those participants who responded to the question, 12.5% ($n = 11$) participants reported feelings categorized as sadness. This included coded statements of sad, devastation, worthless, hopeless, and disappointed. Meanwhile, 6.8% ($n = 6$) of participants who responded to the question reported feeling confused (e.g. “confused,” “mixed,” “uneasy, unsure of my feelings”). Over half of the participants (54.5%, $n = 48$) who responded to this question reported feelings that were categorized as shame and guilt, including codes of disgust, regret, shock, feeling dirty, and used (e.g. “feeling used and wanted to go back home. Feeling disgusted with myself;” “I cried a lot and felt dirty and disgusting. I still do sometimes;” “Shame. I felt like it was my fault. Embarrassed that I let it happen to me”).

Of the sample who responded, 12.5% ($n = 11$) reported feeling fear, while 6.8% ($n = 6$) of the participants reported feeling anger, which included feeling annoyed, frustrated, bitter, and betrayed. Finally, 8% ($n = 7$) of the participants who responded to the question reported feeling

numb, which included ‘shutting down,’ and indifference, as indicated by some participants who reported, “I didn’t really feel anything,” “indifference,” and “that it was normal.” While these feelings are reported as singular categories, most participants reported multiple feelings within their responses. As mentioned previously, responses were coded into multiple categories, skewing the total numbers presented here.

Actions immediately afterwards. The next open-ended question analyzed here asked all participants “What did you do immediately afterwards?” Out of the total sample, 88.9% ($n = 88$) responded to this question. Five themes emerged from the data, including reaching out, leaving, staying, returning to normal, and self-soothing. The first theme, reaching out, refers to telling another person, including a guidance counsellor, friends, or family members (either online, in person, or over the phone). Of those who answered the question, 13.6% ($n = 12$) reported reaching out, while only 2.7% ($n = 2$) of the participants reported reaching out immediately afterwards for legal support or hospital accompaniment.

Regarding leaving after the experience, 27.3% ($n = 24$) of those who responded reported leaving (e.g. “I went home. I went to bed. I tried to put it out of my mind;” “I ran outside;” “Nothing just drove home”), while 8% ($n = 7$) of participants reported staying after the unwanted sexual experience (e.g. “Stayed in bed with the individual;” “stayed the night;” “we continued to hang out for some reason”). The context heavily informed how individuals responded, with some having the ability to leave due to the setting (i.e. at a bar, at a party, public), while others were constrained due to the nature of co-habitation with a partner.

The concept of returning to normal was also presented by 11.4% ($n = 10$) of the participants who answered, which included responses that dictated doing nothing immediately afterwards. Here, the absence of response was connected with the idea of returning to a sense of

normalcy. One participant reported “[I] continued to hangout [*sic*; with the perpetrator] like nothing happened,” while another responded, “I left the back room, went back to my books, and kept studying.” Another participant aptly described the concept of returning to normal after a traumatic experience, explaining “[I] tried to make things feel normal and forget what had happened.” The act of returning to normal, then, allows for a cognitive dissociation from the event.

Finally, 45.5% ($n = 40$) of participants who answered reported actions consistent with the theme of self-soothing. This included crying (reported by 10.2%, $n = 9$), self-medicating with drugs, alcohol, or prescription medication (reported by 4.6%, $n = 4$), cleaning oneself or showering (reported by 6.8%, $n = 6$), sleeping (reported by 19.3%, $n = 17$), or other methods such as self-talk, pacing, self-harm, grounding, or nothing. Self-harm is included here as it is a form of self-soothing, but does not necessarily mean that it is a healthy coping strategy. This theme resonates with a return to normalcy in that it provides victims a way to decrease psychological distress resulting from a traumatic experience.

Who did you tell and why?

Frequency. Participants were initially asked if they had told anyone about their experience immediately after it had happened. Of the total sample, 25.3% ($n = 25$) reported disclosing the experience immediately after it happened to someone else (see Table 9 below).

Table 10

Participant responses to disclosure of their experience to others.

	(<i>n</i> = 99)	<i>n</i>	%
Did you tell anyone about your experience immediately after it happened?			
Yes		25	25.3
No		69	69.7
Missing response		5	5.1

The proceeding question asked participants “If yes, who did you tell and why did you tell them? Please do not use actual names.” Of those who responded ‘yes,’ all 25 answered the open-ended question. Of those who responded, 72% (*n* = 18) reported telling a friend, defined as roommate, friend, close friend, or best friend. Further, 12% (*n* = 3) reported telling a partner, 8% (*n* = 2) reported telling an ex-partner, 8% (*n* = 2) reported telling a family member, such as a parent or sibling, 8% (*n* = 2) reported telling a co-worker, and 4% (*n* = 1) reported telling a guidance counsellor. As in previous questions, percentages here are indicative of telling multiple people within the same response, and is reflected by an unequal total percentage.

The majority of participants who responded here (52%, *n* = 13) decided to tell someone in order to receive emotional support. This included to feel better, as one participant describes, “[I told] friends and a coworker. I’m not really sure why, I just wanted to feel less alone. However, they all responded in hurtful ways.” Some participants such as this one described

seeking out help but receiving an unhelpful or emotionally harmful response. Other participants described telling someone in order to understand their situation in order to feel better, as one participant described, “[...] I told him because I hoped he’d be able to help me come to terms with it and feel better.” One participant described telling someone six months after the experience due to having a trusted relationship and similar experiences, explaining

“I didn’t tell someone until 6 months after. I told my best friend. I picked that friend because they have experienced sexual assault, they are queer, they are someone I trust to listen and support me, and because they are gentle and non-judgmental, and I trusted them to be able to understand that experience for what it was.”

Here, the nature of peer support is especially evident given the similar experience component that is outlined.

Other participants reported telling family members or roommates in order to protect them from possible dangers, and to receive aid in legal support (“[...] I told them because I knew I needed to report it this time and I didn’t [know] how to on my own”). However, these reports were not frequent enough as an emerging theme outside of emotional support, and so they are not described in detail here.

Summary

This chapter presented the results of the analysis for both open-ended questions and closed-ended questions, from a survey about sexual violence within Newfoundland and Labrador’s LGBTQ+ communities. It presented demographic information of the sample, and proceeded to analyze responses using a traditional content analysis. It identified emergent themes and descriptive statistics to report frequencies which emerged from participant responses.

To summarize, participants reported being verbally pressured through guilt, shaming, and some reported threats of being outed. Participants reported physical threats through both single and multiple influencers. Specifically, size, strength and intimidation were reported as the most common physical threat. Regarding physical force, it was reported that grabbing, hitting, and restriction were the most common types used within sexual violence experiences, with a third of participants in this sample reporting the use of physical force.

Drugs and alcohol were relatively common, with a third of participants in the sample reporting the use of alcohol. Participants reported alcohol being used to varying degrees by both the perpetrator and the victim, reporting both parties using alcohol to varying degrees, the perpetrator only using alcohol, and the victim only using alcohol. Further, participants were most likely to be in a social setting one hour prior to their most recent unwanted sexual experience. This included being at a party, a bar, or with friends, and one-fourth of the participants reported being with the perpetrator at least one hour prior.

During the event, participants reported being in public (e.g. school, park), public-private (e.g. alley, wooded area), or private settings. The majority of participants reported being home, the perpetrator's home, or a shared home with a partner. A fourth of participants explicitly reported the event occurring in a bedroom. Leading up to the event, participants reported beginning to feel uncomfortable when conversations turned sexual, and when sexual compliments or comments were directed toward them. Participants also reported feeling discomfort when pressure or persuasion was used (e.g. frequent requests for sex), and when their physical space was intruded upon through physical touching, unwanted kissing, or genital touching.

Participants in this survey reported reacting to physical and verbal advances through setting or attempting to boundaries, such as verbally telling the perpetrator 'no,' or putting space between those involved. A smaller amount of participants reported actively resisting or physically leaving, while a third of participants reported shutting down, which included freezing up, succumbing, going along with it, dissociating, and so on. Participants reported feeling sad, confused, fearful, angry, or numb immediately afterwards. Almost half of the participants in the sample reported feeling disgust, guilt, or shame immediately after an unwanted sexual experience.

Immediately following an experience of sexual violence, participants reported reaching out to someone, leaving the situation, staying with the perpetrator, returning to normal or self-soothing. Self-soothing included any action which acted as a strategy to reduce psychological distress, including self-medicating, crying, cleaning themselves, or sleeping. Participants chose to reach out and tell a friend or family member immediately after their experience. Most chose to tell someone in order to feel better, receive emotional support, and understand their experience.

Chapter 5: Discussion

The purpose of this research was to explore the phenomenon of sexual violence among gender and sexual minority communities (LGBTQ+) within Newfoundland and Labrador. While prevalence was not the aim of this study, results indicate that sexual violence does happen among LGBTQ+ within the province, with many similarities to heterosexual, cisgender sexual violence; however, there were also some differences found that were consistent with current literature studying adolescent and adult sexual violence. To this end, this chapter will discuss the results of the analysis of both the closed and open-ended responses from an anonymous, general sexual violence survey.

Overwhelmingly, 83% of the sample indicated that they had ever experienced unwanted sex play. Just under half (45.5%) reported ever experiencing unwanted oral sex, while 7.1% reported experiencing unwanted fisting and unwanted fisting of a partner. Almost three-fourths (73%) reported experiencing attempted unwanted sexual intercourse, while 62.6% reported experiencing unwanted sexual intercourse. Considering these reports, it is clear that sexual violence is occurring among LGBTQ+ people within Newfoundland and Labrador. It is alarming to consider the high prevalence of sexual intercourse, both attempted and completed, indicating a need for more research on provincial prevalence rates in order to fully understand this in the context of general prevalence.

The specific contexts of sexual violence experiences are complex. Verbal pressure appeared to be the most common form of coercion, with 62.6% of the sample experiencing this in their most recent experience of sexual violence. However, physical threats were somewhat common, reported by 18.2% of the sample, and physical force was utilized in just over one-third, or 37.4%, of participants' most recent experience of sexual violence. Alcohol or drugs were also

frequently present, with almost a third of participants, or 32.3%, reporting the presence of substances in their most recent experiencing. Only one-fourth of participants, or 25.3% of the sample, told anyone immediately afterwards.

These findings are especially interesting when contextualized with the emergent themes that arose from open-ended questions. What follows, then, is the discussion of such themes organized similarly to the results. It will interpret the findings based on demographic characteristics, verbal pressure, physical threat or force, the use of substances, where participants were one hour prior to their most recent experience, where the event took place, what initiated discomfort and how participants reacted, and if participants told someone and why. This discussion will allow for a more robust understanding of sexual violence within Newfoundland and Labrador among LGBTQ+ people.

Demographics

Of those within the Avalon region, 66.7% ($n = 66$) of participants identified as living in a town with over 30,000 people. The only location in the province with this population size is the province's capital, St. John's; therefore, this indicates a largely urban sample. This data should not be interpreted as generalizable to the entire province due to the lack of data from areas with small populations, but instead should be thought of as referential to the current sample due to limitations in recruitment and access to communities.

There was a fairly diverse representation of gender within the sample. Gender is a diverse spectrum, and while binary categories of cisgender and transgender were presented in the results, many participants presented their own descriptors for gender identity (see Appendix A), and should not be considered within such binaristic paradigms. Some participants identified multiple identities that are not reflective of these categories. For example, two participants identified as

“queer/pansexual,” which is not reflected within the singular identifier statistics. This may be due to the political nature of ‘queer’ as an identifier, in which some people within the LGBTQ+ community may identify as predominantly queer and something else as a means of differentiation and to align with a social justice stance (although this is not necessarily true of all those who take on such identities).

Considering education, 41.1% of participants reported being a college graduate or more. Just over half of the participants in the sample reported being enrolled in a school with half of those being enrolled in a college or university. This is consistent with the age range of participants, with just over half of the current sample aged 18-25. Therefore, the data represents a fairly well-educated sample. The high inclusion of current college or university students may be due to the researcher access to such communities, in that it was easier to recruit from the university campuses due to higher visibility and personal contacts between researcher and participants.

Overall, answers reported in this survey were diverse and complex. Many participants reported multiple influencers in each of their response. These answers therefore provide only a snapshot of the experiences of the current sample of participants and do not necessarily represent the larger community. Responses were rich, complex, and multi-layered, and should be considered within these larger contexts. Ultimately, the results of this survey suggest that many LGBTQ+ people within Newfoundland and Labrador experience sexual violence similarly to the general public in North America, but prevalence differences remain unclear.

Verbal Pressure

Guilt and shaming. Guilt and shaming were primarily used as a means to pressure participants into unwanted sexual activity. Guilt was often discussed by participants as

‘nagging,’ and persistent or relentless pressure to have sex with the perpetrator. Consistent with the findings of Menning and Holtzman (2014), guilt and shame tactics were often used to pressure participants into engaging in sex. It was often considered easier to give in to pressures for sex because participants found it easier than arguing about what participants wanted.

While guilt and shame are not as well studied within sexual violence literature, in part due to the focus on physical forms of sexual violence, this finding does shed some light on the processes of verbal pressure. These feelings are especially meaningful in light of research surrounding posttraumatic experiences and symptoms. There has been a correlation between self-reports of high feelings of shame and self-critical thinking regarding PTSD (Harman & Lee, 2010). Shame and guilt are thus thought to be a part of a larger disturbance to the ‘social self’ (Budden, 2009), with broader implications on identity, emotional self-regulation, proneness to psychopathology, suicidality, and other impacts (Wilson, Droždek, & Turkovic, 2006). While the link to PTSD and shame was not explicitly addressed in this study, the high percentage of reports of guilt and shame following a traumatic experience, such as sexual violence, is indicative of a need for more research in this area and for practitioners to be aware of such needs when working with survivors.

Outing. While only a small percentage of the sample endorsed outing as a method of verbal pressure or threat, it is nonetheless an important consideration for sexual violence, as indicated by others (e.g. Elliot, 1996; Freedner et al., 2002; Peterman & Dixon, 2003). This finding may suggest that more LGBTQ+ feel confident coming out due to reduced social stigma and community acceptance, and so this threat may not be as relevant as it was 20 years ago. However, this should be interpreted with caution due to the small percentage of participants who reported this. It is unclear just how much this is prevalent within the Newfoundland and

Labrador LGBTQ+ community, but it should be noted as a concern here. This may also be indicative of the recruitment methods employed, in that LGBTQ+ community groups and LGBTQ+-serving and allied organizations were recruited both online and in person. Such organizations and groups may only be used by out LGBTQ+ people, and so those who may experience sexual violence and IPV may be missed due to the nature of the hidden community.

Physical Threat and Force

Size. Fewer participants reported experiencing physical threats, and among those who did report experiencing physical threats, the majority indicated that the size of the perpetrator acted as a form of intimidation. This may suggest that victims of sexual violence are at an immediate disadvantage due to size differences, although few studies control for partner size in understanding experiences of sexual violence and so it is difficult to make any conclusions because of this.

Restriction of movement. In terms of physical force being used in experiences of sexual violence, many participants reported being restricted by perpetrators. This included being pinned down, someone forcing themselves on top of participants, and blocking access to exits. This sample reported less physical force in terms of use of weapons, however forces such as biting and hitting were reported, albeit infrequently. The frequency of restriction among this sample may be due to the nature of the relationship between the victim and perpetrator.

Many participants reported being with their assailant, or explicitly reported being in an intimate relationship with the perpetrator of their most recent experience of sexual violence. This suggests a prior relationship with the perpetrator, whether in the capacity of an acquaintance, friend, or partner. The relationship between perpetrator and victim is especially important given that acquaintances (just met or otherwise) may give victims a false sense of familiarity (Logan,

Cole, & Capillo, 2007). However, this may be unsurprising given the paucity of research within dominant sexual violence literature which suggests most victims do not experience stranger-depicted sexual violence (Basile, et al., 2014; Riggs, Houry, Long, Markovchick, & Feldhaus, 2000; Stermac, Du Mont, & Dunn, 1998; Ullman & Siegal, 1993), although this is not as well understood among LGBTQ+ groups.

Substance Use

Almost one-fourth of participants reported the presence of alcohol in the involvement of their most recent experience of sexual violence. Given the high number of college-aged students, this figure is perhaps unsurprising. Alcohol consumption within university and college spaces has been widely studied (e.g. Arbour-Nicitopoulos, Kwan, Lowe, Taman, & Faulkner, 2010; Reed, Prado, Matsumoto, & Amaro, 2010; White & Hingson, 2013), especially given the party-culture that frequently occurs on college campuses (e.g. Boyle & Walker, 2016; O'Neil, Lafreniere, & Jackson, 2016).

Newfoundland and Labrador, but more so the island of Newfoundland, also has a drinking culture which may be separate from that of North America and other Western countries. The specificity of such a drinking culture has been of concern since the 1960s (e.g. Szwed, 1966), and has been even used in earlier tourism promotions to reinforce such a cultural norm (Overton, 1980). Further, in *The Chief Public Health Officer's Report on the State of Public Health in Canada 2015 Alcohol Consumption in Canada*, Newfoundland and Labrador was ranked lowest in past year alcohol consumption, while ranked highest for patterns of risky drinking among those who drink alcohol. The province was also ranked as having one of the highest percentage of heavy drinkers at 25.4% of the population (Public Health Agency of Canada, 2016). Such a drinking culture is seen especially within the province's capital, which

boasts the infamous George Street, a two-block area in downtown St. John's which consists entirely of pubs, clubs, and restaurants. While such a culture of drinking may not be unique to Newfoundland and Labrador, it may suggest a potential risk regarding this broader type of culture which is not seen in other areas of the literature.

Actions One Hour Prior

Social settings were the most frequently reported activity or space described by participants in this study. This includes being at a house party, a friend's house, or a bar. Again, this finding may be unsurprising given the study's more representative college-aged population, and the culture of drinking prevalence within college's and the province.

While the activities participants engaged in may not necessarily be surprising, it was interesting to note that many participants reported being with the perpetrator at least one hour prior to their most recent experience of sexual violence. Considering the relational nature described earlier, this may further suggest that sexual violence is more commonly perpetrated by someone known to the victim (e.g. Riggs, et al., 2000; Stermac, et al., 1998). This finding should be noted within the context of Newfoundland and Labrador's interesting geography. That is to say, most participants identified as living within the area of the province's capital city – which could be attributed to recruitment strategy or possible out-migration patterns of LGBTQ+ people within the province. Due to this pattern of migration, either in St. John's or out of the province to more urban areas, there is an identifiable community within this area. However, the size of the community is smaller, and so the likelihood of knowing the perpetrator in an experience of sexual violence is much more likely than the general population.

Location During the Event

During the most recent experience of sexual violence, the majority of participants responded that they had been at home, at the perpetrator's home, or in a shared home. Specifically, the bedroom was the most reported location within the home. This finding is also consistent with Menning and Holtzman's (2014) findings.

This is likely due to the intimate and private nature of the setting. As a space, bedrooms are typically associated with physical intimacy and so may be used to communicate intent non-verbally. This finding may be unsurprising, given the current sample and the nature of IPV, as well as the insecure housing often associated with college students, such as dormitory rooms as primary living spaces. Several participants also reported experiencing sexual violence in their living rooms during otherwise non-sexual situations including watching television. This is a more common phenomenon given the cultural trope 'Netflix and chill,' to indicate watching television under the guise of sexual interaction (Zimmer, Solomon, & Carson, 2016), although there is little available literature around such cultural tropes within sexual violence research. Given the younger demographic, this may suggest that participants who are less familiar with such cultural tropes or dating contexts may be at higher risk of sexual violence.

This has also been found in other studies which discuss the nature of IPV and dating violence among LGBTQ+ in their first relationship (see Ristock, 2002, 2005). Younger LGB people may be more likely to experience IPV and dating violence especially (Trotman, 2013), although there is less research regarding trans people. This connection may be due to the affirmative connection between identity and the relationship, the lack of knowledge about LGBTQ+ relationships, the embedded nature of LGBTQ+ relationships, or lack of resources available for the community (Donovan & Hester, 2008).

Discomfort and Reaction

Verbal and physical intrusion. Verbally, participants reported feeling initial discomfort when conversations turned sexual, or when sexual comments were made at them. A smaller number of participants reported that verbal pressure, as described previously, caused initial discomfort. Physically, participants reported that intrusion on their personal space initiated discomfort in their experience. This ranged from unwanted kissing, physical touching, and sexual touching. This is consistent with Menning and Holtzman's (2014) findings.

Reaction. Participants reported reacting to such unwanted advances through setting, or attempting to set boundaries, both verbally and physically. This was further characterized by passive or active response (i.e resistance). The nature of passive responses was indicated by laughing off unwanted verbal advances or smiling, which was understood among participants as gender based. Physical boundaries included moving away and putting physical space between participant and perpetrator, while ranging to more intensive responses including shoving and hitting, or both verbal and physical reactions.

Active responses, or resistance reactions, were both verbal and physical and included explicitly telling perpetrators 'no,' or physically leaving the space. This is consistent with general population literature on risk perception regarding sexual violence, in which people judge their environment for potential risk and then appraise their ability to deal with the perceived threat (Nurius, 2000). While some may perceive an ability to effectively handle the situation through such active responses, others may not be able to effectively handle the situation, leading to a passive or absence of response.

The majority of participants reported shutting down, including the inability to say no, fear of harm, succumbing, or letting it happen. In a review of the literature, Gidycz, McNamara, and

Edwards (2006) found several studies which suggested a possible correlation between sexual victimization and deficits in risk perception, although the results are inconsistent. This potential correlation may be extended to LGBTQ+ people, especially when minority stress, the lack of available resources, or information about LGBTQ+ sex are considered together. While this study cannot infer such claims, it may be important to consider for future areas of research.

The finding that many participants reported shutting down may suggest a need for self-defense and assertiveness training for LGBTQ+ people. While this may risk putting the onus of protection on the victim, it may mitigate the difference between those who are able to actively respond to unwanted advances and those who are unable to respond. This is to say, there is a need for systematic change in addressing sexual violence addressed to those who perpetrate it, however this need must be placed within current realities of harm which are experienced by LGBTQ+ people. Further, some studies suggest that self-defense and assertiveness training among cisgender, heterosexual women has been somewhat effective in reducing likelihood of experiencing sexual violence, and as a method of recovery for post-assault victims of sexual violence (e.g. Brecklin & Ullman, 2004; Gidycz, Rich, Orchowski, King, & Miller, 2006; Hollander, 2014; Orchowski, Gidycz, & Raffle, 2008)

The reactions reported in the data were also contextualized within relationships where threats of break-up were used to communicate a need for sex. Several participants reported going along with their experience because of an assumed responsibility for providing sex when they did not want to have sex. It appears from the data that the nature of IPV, as discussed in the literature review, was sometimes conflated with an inability to talk about sexual needs between partners and interpreted as a violent reaction when discussions of breaking up were made.

Therefore, in these situations it is unclear if participants were unable to maintain open communication about sexual needs or the presence of IPV.

Responses Immediately After the Event

Feelings. Most participants reported feeling disgust, shame and guilt immediately after their most recent experience of sexual violence. This was also characterized by self-blame, and feeling used and dirty. This reaction is consistent with findings from Menning and Holtzman (2014), indicating a similarity of responses across groups. Such feelings are important indicators of long-term impacts on survivors. Similar to cisgender, heterosexual men and women, such responses can be indicative of long-term anxiety, depression, PTSD, low self-image, and substance abuse, among other things (Badour, Feldman, Babson, Blumenthal, & Dutton, 2012; Sigurvinsdottir & Ullman, 2014; Walker, Archer, & Davies, 2005).

Actions. Self-soothing was most frequently reported as what participants did immediately following their experience. This consisted of both positive and negative reactions, which was not necessarily characterized by healthy responses. For example, some participants reported self-harm immediately following their experience. While this is not a healthy response, it was an action consistent with self-soothing in that it was a strategy used to reduce psychological distress.

An uncertainty of what to do was also expressed by several participants. Some reported choosing to stay with the perpetrator, whether that be their partner or a friend, family member, acquaintance, or stranger, while others chose to leave. The nature of this decision is not entirely understood, even among participants themselves. Participants also reported reactions consistent with a return to normalcy. This is consistent with literature surrounding avoidant trauma reactions, specifically post-traumatic stress disorder (PTSD) responses (Krause, Kaltman,

Goodman, & Dutton, 2008; Leiner, Kearns, Jackson, Astin, & Rothblum, 2012; Ullman & Filipas, 2005). This suggests that LGBTQ+ victims of sexual violence may have similar needs to the general population, with the requirement of basic core competencies by service providers in order to avoid revictimization. This may also suggest that there is a high rate of PTSD among LGBTQ+ victims of sexual violence which may need to be further addressed in research.

Reaching out. A portion of the participants reported reaching out immediately after their experience. When asked who participants told immediately following their experience, and why they chose to do so, it was frequently reported that friends, some family, and some partners or ex-partners were told. Overwhelmingly, friends were reported to be told first. This may be because of the nature of rejection by family members among LGBTQ+ people (e.g. Klein & Golub, 2016; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). Such a phenomenon speaks to the nature of ‘chosen family’ among LGBTQ+ communities, or non-biological network of close friends which are referred to as family. In other words, LGBTQ+ people often face rejection from family upon disclosure of their identity, resulting in a stronger establishment between peers. Peer support therefore plays a larger role among LGBTQ+ people, due to the systemic and systematic barriers. Such barriers may include stigma, lack of community awareness, discrimination, and so on. Taken together, these prevent the community from seeking support elsewhere (Eady, Dobinson, & Ross, 2011; McIntyre, Daley, Ruhterford, & Ross, 2011; Shipherd, Green, & Abramovitz, 2010; Snapp, Watson, Russell, Diaz, & Ryan, 2015).

Reaching out was frequently cited as a means to seek support, understand their experiences, and reduce psychological distress. This strategy may suggest that social support is an important factor in recovery from experiences of sexual violence among LGBTQ+ people. However, several participants reported reaching out only to receive negative reactions, such as

disbelief and general lack of support. The role of social support, then, does not necessarily mean positive outcomes. Rather, it is the perception of social support and, more specifically, the quality of the social support which predicts the rate of recovery (Ahrens, 2006; Ullman & Peter-Hagene, 2014).

Chapter 6: Limitations, Implications and Conclusion

Limitations

This research is not without its faults. Some of the limitations in using survey methods to conduct research with LGBTQ+ communities regarding sexual violence are that, despite having insider access, reaching the community was still difficult. Recruitment used convenience sampling methods to access community groups which was typically utilized by open LGBTQ+ people. Therefore, this research cannot be generalized. Further, because the survey did not ask if participants were open about their identity or in the closet, a more vulnerable population of the LGBTQ+ community may be missed. This increased risk is due to the requirement of people in the closet to out themselves in order to seek help. Those who are still in the closet may also have an inability to convey their experiences due to an unfamiliarity with LGBTQ+ terminology and language.

Recruitment using social media is an increasingly more popular method among researchers. However, a limitation is the nature of the digital divide. Newfoundland and Labrador has 50% of its population within the Avalon region, while the rest are spread out geographically in rural and isolated communities (Statistics Canada, 2017). Due to the nature of online recruitment methods, coastal and rural communities with no cell-phone service, dial-up or no internet, or low socio-economic status are all less likely to be reached. Within a Newfoundland and Labrador context, areas with smaller populations and more isolated communities may be particularly affected by this.

Online recruitment for this study also did not utilize paid advertisements to reach a wider audience. Budget restraints restricted the access to be able to do this and so recruitment was limited to word of mouth and snowball techniques.

Regarding prevalence data, while there are crime statistics within Canada of reported sexual violence, there is no current data which speaks to prevalence rates within the province of Newfoundland and Labrador. This is a major limitation in that the findings from this study cannot be compared against anything within a local context. As a result, the extent to which sexual violence occurs within the Newfoundland and Labrador LGBTQ+ community is largely unknown.

The survey instrument itself was limited in that it was designed for use with a college population. While a large sample of the participants were college and university students, it is unknown if the instrument holds the same efficacy for the general population. Further, it is largely unknown if the perpetrator of sexual violence was known by the participants of this study. Inferences based on open-ended responses were made to make suggestions regarding the experiences of known versus unknown perpetrators within the context of sexual violence, however a question within the instrument to address this would have given the research the ability to ascertain this information explicitly. Similarly, given the role of gender schema espoused by some of the participants in their experiences, this research failed to determine the influence of gender roles on victimization. This is to say, femininity and masculinity are traditionally thought of as deterministic character traits attached to femaleness and maleness respectively. Scholarship within queer and feminist thought has critically engaged with this concept, arguing that all people share different amounts of these traits, rather than one or the other (e.g. Butler, 1990). A self-report question to determine qualities of masculinity and femininity among victims of sexual violence would allow for a deeper understanding of the complex nature of such experiences.

When considering race and ethnicity, several participants provided feedback to this question, informing on the need to differentiate ethnicity and race, which was assumed as homogenous in the original survey design, and replicated here. This was a shortcoming that was not considered in this study, and may be important for future researchers. Considering the intersections of race, ability, class and other identities, especially the more vulnerable areas of these communities, it is important to consider their impact on sexual violence.

Ultimately, more research is needed in the area of LGBTQ+ sexual violence. While there is a dearth of research on IPV, little is known about adult sexual violence within this community. Within a Newfoundland and Labrador context, prevalence data is needed in order to compare and generalize findings. Recruitment should be specific and address the most vulnerable groups at risk within the community. Research which looks specifically at each community within the broader LGBTQ+ spectrum is needed in order to determine inter-group differences. Finally, several participants noted the use of mobile and online dating technology as a mediating factor in their experience, however not enough to make any inferences. Given the rise in popularity of such technology for dating and seeking out sex, it would behoove future researchers to address the role that this technology plays within experiences of sexual violence.

Implications for Practitioners, Educators, and the Community

The results from this research show that many people within the Newfoundland and Labrador LGBTQ+ community experience sexual violence similarly to the general population. While generalizations cannot be made, health and mental health practitioners, educators, and all those working with LGBTQ+ people should feel more confident in providing ethical services. With this being said, it would be beneficial for those working with LGBTQ+ people to acquire basic competency training. This type of professional development should address the role of

heterosexism (i.e. the assumptions of heterosexuality and its implication on culture and society) and gender roles, as well as provide a basic understanding of pronouns and gender. This training should also be on-going and consistent for new staff and to ensure confidence among practitioners. This may also reduce the rate of re-victimization among LGBTQ+ people who reach out to such services.

The large number of college and university students within this survey speaks to the need for more college and educational awareness. Those working with LGBTQ+ people should seek out or create resources that raise awareness of sexual violence among LGBTQ+ students. This is especially relevant given that there are few resources currently available – those who are in paid positions to do so are encouraged to create accessible resources that stimulate an inclusive awareness of sexual violence. Further, sexual violence policies should reflect gender neutral language which avoids heterosexist assumptions. Such policies should include a break-down of the complete process of reporting sexual violence in order to demystify the experience.

Due to low community awareness, social campaigns are needed in order to address this gap. Myths surrounding LGBTQ+ sexual violence should be debunked in these campaigns, as such myths that sexual violence does not occur within the LGBTQ+ community are contributing barriers to being able to access social services. Health and legal organizations should promote any professional development or policy changes through media outlets in order to inform the public of LGBTQ+ oriented inclusion, as many people from the community experience negative responses from those in the helping fields and may not be aware of shifting attitudes from these institutions.

Given the high incidence of substance use within the community as both a coping strategy following an experience of sexual violence, and preceding an experience of sexual

violence, regional health authorities as well as college and university campuses should use LGBTQ+ targeted awareness campaigns. Current campaigns which address the general community are often dismissed by LGBTQ+ people as irrelevant. Including a targeted social campaign, or LGBTQ+-specific add-ons to existing campaign may provide some benefits by raising community awareness.

Counsellors and other health professionals should assess for intimate partner violence among LGBTQ+ people as they would for cisgender and heterosexual women. IPV is an alarmingly prevalent phenomenon among the community, and so directly addressing violence within this capacity, regardless of age, is necessary to ensure those vulnerable to abuse are not being missed within the system.

Educators may be interested in creating assertiveness training workshops for adolescent and college-aged populations. These ages may be at a disadvantage for assessing risk of sexual violence due to a lack of social messages about LGBTQ+ relationships, myths regarding sexual violence, heightened levels of anxiety, and other factors. Educators who teach health and sexual education classes should address issues of affirmative consent (i.e. 'yes means yes rather' than 'no means no') using a gender and sexuality inclusive framework with support language and relevant case vignettes.

Ultimately, practitioners should work with LGBTQ+ communities in order to create resources and improve access to care by removing barriers. Local contexts will require different responses, so there is no uniform response that can be made. Work with LGBTQ+ communities typically burdens activists by requesting unpaid and voluntary work which may increase burn-out and fatigue. Therefore, those working with LGBTQ+ communities should give honorariums for work when possible. Practitioners should therefore utilize a social justice-informed and

multicultural model of care in order to reduce re-victimization, remove systemic and systematic barriers to care, and work with the community to inform the development of practice and resources.

Conclusion

This research explored the experiences of sexual violence among LGBTQ+ people within Newfoundland and Labrador. To explore this phenomenon, a survey replicated from Menning and Holtzman (2014) was utilized, with adjustments made to demographic questions to account for geographical and population differences. The survey was answered by 99 people from all areas of the province. The results of the survey were largely consistent with Menning and Holtzman's. The analysis of open-ended questions revealed prominent themes which spoke to the nature complex experiences of sexual violence, which were consistent with the other findings (e.g. Balsam et al., 2005).

Major themes revealed that participants mostly were with the perpetrator in a social setting before their experience of sexual violence occurred. More often, alcohol was involved either at a house party, friend's house, or at a bar. However, participants most often moved to a private space such as a bedroom, many of which being in their home or at the perpetrator's house during the event. Participants were more likely to feel shame, guilt, or disgust immediately afterward, and slept in order to feel better. Participants were also most likely to tell a close friend in order to feel better and understand what had happened to them.

This study is limited by non-probability sampling methods, and so the results cannot be generalized to all LGBTQ+ people. However, it does shed some light on the seldom-studied phenomenon of sexual violence within LGBTQ+ communities, specifically within a Newfoundland and Labrador context. These findings suggest that these experiences are largely

similar to dominant experiences of sexual violence, although there are differences attributed to barriers to service, outing, and rural-urban divides. Practitioners should be aware of these differences, as well as differences between and within groups. Ultimately, more research is needed on prevalence and experience to further understand the complexities of sexual violence within LGBTQ+ communities. Researchers and practitioners are encouraged to consult and work with LGBTQ+ communities in order to bridge this gap in knowledge and services.

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Appendix A

Demographic characteristics of the sample.

Characteristics (<i>n</i> = 99)	<i>n</i>	%
Region		
Avalon (Newfoundland)	74	74.7
Eastern Newfoundland	11	11.1
Central Newfoundland	2	2.0
Western Newfoundland	7	7.1
Northern Labrador	0	0
Western Labrador	4	4.0
Central Labrador	1	1.0
Coastal Labrador	0	0
Missing Response	0	0.0
Population Size		
Less than 1000	1	1.0
1,000 - 4,999	5	5.1
5,000 - 9,999	7	7.1

10,000 - 19,999	11	11.1
20,000 - 29,999	8	8.1
30,000 or more	66	66.7
Missing Response	1	1.0
<hr/>		
Sex Assigned at Birth		
Male	22	22.2
Female	76	76.8
Intersex	0	0.0
Missing Response	1	1.0
<hr/>		
Gender		
Androgyne	1	1.0
Demi-male	1	1.0
Female	7	7.1
Gender fluid / gender advantageous	1	1.0
Genderfluid	3	3.0
Genderqueer, genderflux	1	1.0
Male	6	6.0

Man	17	17.2
Non-binary	10	10.0
Non-binary trans man	1	1.0
Nonbinary man	1	1.0
None	1	1.0
Trans man	1	1.0
Trans masculine	1	1.0
Trans masculine gender queer	1	1.0
Trans queer woman	1	1.0
Trans woman	1	1.0
Transman	1	1.0
Two spirit	1	1.0
Woman	42	42.4
Missing Response	0	0.0
<hr/>		
Sexual Orientation		
Ace (aceflux-pansexual) and aro (aceflux-panromantic)	1	1.0

Asexual	1	1.0
Bi and kinda ace?? I'm not sure	1	1.0
Bicurious	1	1.0
Bisexual	29	29.3
Demisexual	1	1.0
Fluid	1	1.0
Gay	18	18.2
Generally sexual	1	1.0
Gray-a	1	1.0
Lesbian	3	3.0
Pansexual	15	15.1
Pansexual ace	1	1.0
Polysexual	1	1.0
Queer	13	13.2
Queer (bi/pan)	1	1.0
Queer (bisexual) depends on the day	1	1.0
Queer (dyke)	1	1.0

Queer/pansexual	2	2.0
Straight	3	3.0
Missing Response	0	0.0
<hr/>		
Ethnicity		
Aboriginal/First Nations	2	2.0
Black	1	1.0
Caucasian/White	90	90.9
Chinese/Burmeseburmese	1	1.0
Native and Caucasian	2	2.0
Romanichal/I'nu/white	1	1.0
White/Hispanic	1	1.0
Eastern European racially and ethnically	1	1.0
I'm African American		
Missing Response	0	0.0
<hr/>		
Do you identify as Aboriginal/Indigenous?		
Yes	8	8.1
No	91	91.9

Missing Response	0	0.0
<hr/>		
Relationship Status		
Single	27	27.3
Dating	4	4.0
In a relationship	44	44.4
Cohabiting	14	14.1
Married	4	4.0
Separated	0	0.0
Divorced	0	0.0
Widowed	0	0.0
Other (please specify):	6	6.1
Open marriage		
Open relationship		
Poly		
Polyamorous: Married, also in a relationship, open to dating.		
Relationship (Queer platonic partnership)		

Seeing someone but trying to open them
up to Polyamory and or non-monogamy

Missing Response	0	0.0
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Education

Some high school, but no degree	7	7.1
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High school graduate / ABE	6	6.1
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Some college, but no degree	43	43.4
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College graduate or more	41	41.4
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Other (please specify):	2	2.0
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A year from my degree at MUN

GED

Missing Response	0	0.0
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Are you currently enrolled in a school?

Yes	53	53.5
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No	46	46.5
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Missing Response	0	0.0
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Are you currently enrolled in a college or university?

Yes	49	49.5
No	50	50.5
Missing Response	0	0.0
<hr/>		
Age		
13	1	1.0
15	1	1.0
16	3	3.0
17	4	4.0
18	4	4.0
19	8	8.1
20	9	9.1
21	4	4.0
22	7	7.1
23	10	10.1
24	6	6.1
25	3	3.0
26	7	7.1

27	6	6.1
28	9	9.1
29	4	4.0
31	1	1.0
32	4	4.0
33	2	2.0
36	1	1.0
37	1	1.0
39	1	1.0
44	1	1.0
65	1	1.0
Missing Response	1	1.0

Appendix B

Survey Instrument

Consent and Study Information

Title: Sexual Assault on the Rock: LGBTQ2S+ Experiences in Newfoundland and Labrador
Researcher(s): Christopher Cumby, Faculty of Education student,
Email: christopher.cumby@mun.ca
Supervisor(s): Sarah Pickett

You are invited to take part in a research project entitled “Sexual Assault on the Rock: LGBTQ2S+ Experiences in Newfoundland and Labrador.”

This form is part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. It also describes your right to withdraw from the study. In order to decide whether you wish to participate in this research study, you should understand enough about its risks and benefits to be able to make an informed decision. This is the informed consent process. Take time to read this carefully and to understand the information given to you. Please contact the researcher, Chris Cumby, if you have any questions about the study or for more information not included here before you consent.

It is entirely up to you to decide whether to take part in this research. If you choose not to take part in this research or if you decide to withdraw from the research once it has started, there will be no negative consequences for you, now or in the future.

Introduction

My name is Chris Cumby, I use any pronoun, and identify as queer. I am a student in the Faculty of Education at Memorial University of Newfoundland, in the Counselling Psychology department. As part of my Masters thesis, I am conducting research under the supervision of Dr. Sarah Pickett, Assistant Professor with the Faculty of Education, Counselling Psychology department.

This study is looking at the sexual experiences, specifically attempted or actual unwanted sexual contact, of people who identify as LGBTQ+, or fall under the gender and sexual minority spectrum. This is important research as it can help change policies, provide better insight into the experiences of the community, and inform practice regarding care and services to those who need it.

Purpose of study:

This research seeks to find out if sexual assault is occurring among LGBTQ+ peoples, and if so, how does this look like in our province. Sexual assault here is defined under Canadian law as any unwanted touch that undermines the sexual integrity of the person—which can be unwanted kissing, sexual acts, and so on.

What you will do in this study:

Participation in this study involves questions about your background, demographic information, sexual and gender identities and experiences, and experiences that you have had that were sexually charged and awkward, uncomfortable, or unwanted. If thinking about or answering these kinds of questions causes excessive discomfort, then you should consider not participating in this study.

Length of time:

This survey will take about 20 minutes to complete.

Withdrawal from the study:

If you do choose to participate, you are free to leave items blank that you do not feel comfortable answering and/or discontinue participation by closing your web browser, which will end the survey. Due to the anonymous nature of this study, data cannot be removed after the survey is completed, as it is impossible to identify the what survey belongs to who. Incomplete survey data will be discarded and you may withdraw at any time without penalty or prejudice from the investigator.

Possible benefits:

By completing this survey, you are indirectly helping the community through the development of needs based resources. This research will help the research community at large better understand the needs and experiences of LGBTQ+ people as they are unique to those who identify within the community.

Possible risks:

Due to the sensitive nature of the questions being asked, there is the risk of triggering unwanted thoughts or feelings. If such feelings arise during or after participation in the survey, there are a number of resources that can be used, listed below

PFLAG:

Grand Falls-Winsor: gransfallsnl@pflagcanada.ca

St. John's: stjohnsnl@pflagcanada.ca / pflagnl@gmail.com

National Support Line: 1-888-530-6777 ext. 224 (toll free)

Trans Support Group: transsupportnl@hotmail.com

MUN Sexual and Gender Alliance (SAGA - Formerly LBGT-MUN): 709-864-7619

24 Hour Province-Wide Mental Health Crisis Phone Line: 737-4668 or 1-888-737-4668 (toll free)

Sexual Assault Crisis Line (24 Hour): 709-726-1411 or 1-800-726-2743 (toll free)

Kids Help Phone: 1-800-668-6868 (toll free)

Speak Out Newfoundland and Labrador: speakoutnl.com / info@speakoutnl.com

Trans Youth Group (St. John's - A peer support group for trans youth age 12 - 17 years): parentsoftranskids@gmail.com

Confidentiality:

Confidentiality is ensuring that identities of participants are accessible only to those authorized to have access. Due to the anonymous nature of this survey, your data will be confidential, and only the investigator and research supervisor will have access to the records.

Anonymity:

Anonymity refers to not disclosing participant's identifying characteristics, such as name or description of physical appearance. As mentioned, this survey requests anonymous participation. No identifying demographic questions will be asked, and every reasonable effort will be made to ensure that no personally identifying information is reported on or published. Storage of

Data:

Data will be stored on the websites servers, hosted in Canada and protected by password. Any data taken from this for analysis will be kept on a password protected laptop, in a protected file folder. Data will be kept for a minimum of five years, as required by Memorial University policy on Integrity in Scholarly Research, after which time it will be deleted.

The on-line survey company, Fluid Surveys, hosting this survey is located in Canada and as such subjected to Canadian law. These laws allow authorities to access the records of internet service providers. Therefore, anonymity and confidentiality cannot be guaranteed. If you choose to participate in this survey, you understand that your responses to the survey questions will be stored and may be accessed in Canada. The security and privacy policy for the web survey company can be found at the following links: <https://fluidsurveys.com/about/privacy> and <https://fluidsurveys.com/canada/data-privacy-canada/>

Reporting of Results:

The data collected will be used for the purposes of my thesis, as well as any subsequent conference presentations, journal article submissions, and community reports. Some direct quotes will be used from the open questions, however no personally identifying information will be used.

Sharing of Results with Participants:

An easy-to-read community report will be written and presented at a community forum in St. John's after the submission of the thesis. The community report will be available online at speakoutnl.com or on the NL Sexual Assault Crisis and Prevention Centre's website, <http://nlsacpc.com/>, or by directly contacting myself (below).

Questions:

You are welcome to ask questions at any time during your participation in this research. If you would like more information about this study, please contact Chris Cumby at christopher.cumby@mun.ca or Dr. Sarah Pickett at spickett@mun.ca.

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research, such as the way you have been treated or your rights as a participant, you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at 709-864-2861.

Consent:

By completing this survey, you agree that:

- You have read the information about the research.
- You have been able to ask questions about this study. You are satisfied with the answers to all your questions.
- You understand what the study is about and what you will be doing.
- You understand that you are free to withdraw from the study, without having to give a reason, and that doing so will not affect you now or in the future.
- You can end your participation by simply closing your browser or navigating away from this page.

However, once you complete this survey and click submit, your data cannot be removed because we are not collecting any identifying information and therefore we cannot link individuals to their responses.

By consenting to this online survey, you do not give up your legal rights and do not release the researchers from their professional responsibilities.

Please retain a copy of this consent information for your records.

Clicking "I agree" below and submitting this survey constitutes consent and implies your agreement to the above stipulations. Remember, you may exit this survey at any time.

☐ I agree

Demographics

Please note that yes/no questions throughout this survey operate with yes = blue colour, no = grey

What is your age?

What region of Newfoundland and Labrador do you live in?

- ☐ Avalon (Newfoundland)
- ☐ Eastern Newfoundland
- ☐ Central Newfoundland
- ☐ Western Newfoundland
- ☐ Northern Labrador
- ☐ Western Labrador

- ☐ Central Labrador
- ☐ Coastal Labrador

What is the population size of the town or city that you live in?

If you don't know, please use an approximation.

- ☐ Less than 1000
- ☐ 1,000 - 4,999
- ☐ 5,000 - 9,999
- ☐ 10,000 - 19,999
- ☐ 20,000 - 29,999
- ☐ 30,000 or more

Demographics

What was the sex you were assigned at birth?

- ☐ Male
- ☐ Female
- ☐ Intersex

What is your gender?

(eg. man, woman, non-binary, etc.)

What is your sexual orientation?

(eg. gay, bisexual, ace, etc.)

What is your ethnicity?

(eg. caucasian, black, japanese, arab, etc.)

Do you identify as Aboriginal/Indigenous?

- ☐ Yes
- ☐ No

What is your relationship status?

- ☐ Single
- ☐ Dating
- ☐ In a relationship

- ☐ Cohabiting
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Prefer not to answer
- ☐ Other (please specify) _____

Education

Which of the following best describes the amount of education that you have as of today?

- ☐ Some high school, but no degree
- ☐ High school graduate / ABE
- ☐ Some college, but no degree
- ☐ College graduate or more
- ☐ Other (please specify): _____

Are you currently enrolled in a school?

- ☐ Yes
- ☐ No

Are you currently enrolled in a college or university?

- ☐ Yes
- ☐ No

If there is anything else surrounding demographic information that you feel is important and has not be reflected in the previous questions, please use this space to describe your experiences.

Unwanted Sexual Experiences

We realize that people have experienced a variety of sexual experiences, and that for some people, a portion of these experiences have been unwanted. The following questions are about the kinds of unwanted sexual experiences that you may have had. Please remember that all answers are completely anonymous. If you feel that you do not want to answer a particular question, you may of course skip it; you may also quit the survey at any time.

The following questions are about sex play, which we define as fondling, kissing, or petting – but not vaginal or anal penetration or oral sex.

Have you ever had sex play when you did not want to?

- ☐ Yes
- ☐ No

About how many times has this happened?

- ☐ Once
- ☐ 2 - 3 times
- ☐ 4 - 5 times

- ☐ More than 5 times

Please indicate how many times each of the following forces was present when you had unwanted sex play

	None	Once	2 - 3 times	4 - 5 times	More than 5 times
Person's continual arguments and pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person made verbal threats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person used their position of authority (boss, camp counselor, supervisor) to make you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person used some degree of physical force (twisting your arm, holding you down, etc.) to make you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person gave you alcohol or drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If there is anything else surrounding unwanted sexual experiences or types of force that you feel is important and has not be reflected in the previous questions, please use this space to describe your experiences.

Unwanted Sexual Experiences

The following questions are about oral sex. By oral sex, we mean contact between a person's mouth and another's genitals or anus.

Have you ever had oral sex when you did not want to?

- ☐ Yes
☐ No

About how many times has this happened?

- ☐ Once
☐ 2 - 3 times
☐ 4 - 5 times
☐ More than 5 times

Please indicate how many times each of the following forces were present when you had unwanted oral sex

None	Once	2 -3 times	4 - 5 times	More than 5 times
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Person's continual arguments and pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person made verbal threats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person used their position of authority (boss, teacher, camp counselor, supervisor) to make you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person used some degree of physical force (twisting your arm, holding you down, etc.) to make you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person gave you alcohol or drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If there is anything else surrounding unwanted sexual experiences or types of force that you feel is important and has not be reflected in the previous questions, please use this space to describe your experiences.

Unwanted Sexual Experiences

The following questions are about fisting. By fisting, we mean the insertion of one's hand into a partner's rectum or vagina (fingering is included in the next section under sexual intercourse)

Have you ever been fisted or fisted a partner when you did not want to?

- ☐ Yes
- ☐ No

About how many times has this happened?

- ☐ Once
- ☐ 2 - 3 times
- ☐ 4 -5 times
- ☐ More than 5 times

Please indicate how many times each of the following forces were present when you were engaged in unwanted fisting

	None	Once	2 -3 times	4 - 5 times	More than 5 times
Person's continual arguments and pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person made verbal threats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person used their position of authority (boss, teacher, camp counselor, supervisor) to make you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person used some degree of physical force (twisting your arm, holding you down, etc.) to make you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person gave you alcohol or drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If there is anything else surrounding unwanted sexual experiences or types of force that you feel is important and has not be reflected in the previous questions, please use this space to describe your experiences.

Unwanted Sexual Experiences

The following questions are about sexual intercourse. By sexual intercourse, we mean penetration of the vagina or anus with a penis, other object, or other body parts (ex. fingers).

Have you ever had someone ATTEMPT to engage you in sexual intercourse when you did not want to, but the intercourse DID NOT ACTUALLY OCCUR?

- ☐ Yes
☐ No

About how many times has this happened?

- ☐ Once
☐ 2 - 3 times
☐ 4 -5 times
☐ More than 5 times

Please indicate how many times each of the following forces were present when someone ATTEMPTED (BUT DID NOT ACTUALLY HAVE) sexual intercourse with you

	None	Once	2 -3 times	4 - 5 times	More than 5 times
Person's continual arguments and pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person made verbal threats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person used their position of authority (boss, teacher, camp counselor, supervisor) to make you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person used some degree of physical force (twisting your arm, holding you down, etc.) to make you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person gave you alcohol or drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If there is anything else surrounding unwanted sexual experiences or types of force that you feel is important and has not be reflected in the previous questions, please use this space to describe your experiences.

Unwanted Sexual Experiences

Have you ever had sexual intercourse when you did not want to?

- ☐ Yes
☐ No

About how many times has this happened?

- ☐ Once
☐ 2 - 3 times

- ☐ 4 -5 times
- ☐ More than 5 times

Please indicate how many times each of the following forces were present when you had unwanted sexual intercourse

	None	Once	2 -3 times	4 - 5 times	More than 5 times
Person's continual arguments and pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person made verbal threats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person used their position of authority (boss, teacher, camp counselor, supervisor) to make you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person used some degree of physical force (twisting your arm, holding you down, etc.) to make you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person gave you alcohol or drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If there is anything else surrounding unwanted sexual experiences or types of force that you feel is important and has not be reflected in the previous questions, please use this space to describe your experiences.

Most Recent Unwanted Sexual Experience

The following questions are asking about the most recent unwanted sexual experience that you have had - it will ask questions about the type of force(s) that may have been present during that experience.

- Did you experience verbal pressure?
(eg. persuasion, bribe, threatened love withdrawal, etc.)
- ☐ Yes
 - ☐ No

If yes, please describe the verbal pressure you experienced.

- Were you physically threatened?
(eg. threatened physical harm, scared by physical size, weapon present, etc.)
- ☐ Yes
 - ☐ No

If yes, please describe the physical threat that you experienced.

Was physical force used?

(eg. hitting, slapping, physical restraint, etc.)

- ☐ Yes
- ☐ No

If yes, please describe the physical force that was used on you.

Was anyone who was involved in the unwanted experience under the influence of drugs or alcohol at the time?

- ☐ Yes
- ☐ No

If yes, please explain.

Most Recent Unwanted Sexual Experience

The following questions are asking about the most recent unwanted sexual experience that you have had.

What were you doing approximately one hour before your most recent unwanted sexual experience took place?

Please describe where you were during the unwanted sexual experience. Please do not use actual addresses or names.

Please think about the events that led up to the unwanted sexual experience. At what point did you begin to feel uncomfortable during your interactions with the individual(s) involved?

How did you react (physically and/or verbally) to the unwanted advances?

What were your feelings immediately afterwards?

What did you do immediately afterwards?

Did you tell anyone about your experience immediately after it happened?

- ☐ Yes
- ☐ No

If yes, who did you tell and why did you tell them? Please do not use actual names.

If there is anything else surrounding recent unwanted sexual experiences or types of force that you feel is important and has not be reflected in the previous questions, please use this space to describe your experiences.

We want to make sure that your experiences have been honoured. If there is anything you feel is important that has not been considered here, please use the space below. Please note: You must click submit until the end of the survey for it to be marked as completed

Overall, if there are any comments or additions you would like to make to any of the questions you completed in this survey, please describe them here.

if there are any comments you have about your experience completing the survey, please describe them here.

Thank you!

Thank you for participating in this survey. Your answers will be very helpful for future policies, programs, and services.

We understand that it is difficult to answer questions regarding unwanted sexual experiences. If you need to reach out for support and help, please use any of the following resources:

- PFLAG: Grand Falls-Winsor: gransfallsnl@pflagcanada.ca
- St. John's: stjohnsnl@pflagcanada.ca / pflagnl@gmail.com
- National Support Line: 1-888-530-6777 ext. 224 (toll free)
- Trans Support Group: transsupportnl@hotmail.com
- MUN Sexual and Gender Alliance (SAGA - Formerly LBGT-MUN): 709-864-7619
- 24 Hour Province-Wide Mental Health Crisis Phone Line: 737-4668 or 1-888-737-4668 (toll free)
- Sexual Assault Crisis Line (24 Hour): 709-726-1411 or 1-800-726-2743 (toll free)
- Kids Help Phone: 1-800-668-6868 (toll free)

- Speak Out Newfoundland and Labrador: speakoutnl.com / info@speakoutnl.com
- Trans Youth Group (St. John's - A peer support group for trans youth age 12 - 17 years): parentsoftranskids@gmail.com